THE CANADIAN NURSE
L'Infirmière Canadienne

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1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

There is an atmosphere of controlled excitement coupled with feverish activity around the *Journal* offices these days. The circulation department is working at top speed revising the expiry dates of the thousands of subscribers from the nine provinces, changing addresses, checking for registration in two or more provinces and forwarding refunds where indicated. Added to this is the important new responsibility of preparing the mailing list for the nurses of Quebec in readiness for the first issue of the French edition.

It is just thirteen years ago that a new editorial policy was announced in the April issue:

"Ce mois-ci nous avons le plaisir de vous présenter une nouvelle réalisation: une page française. Les articles seront écrits par les infirmières canadiennes-françaises dans leur propre langue."

Miss Suzanne Giroux, official visitor to the French schools of nursing in Quebec voluntarily accepted the dual responsibilities of securing the French language articles and of preparing the translations of "Nursing Across the Nation." She has volunteered to continue the latter activity in our new publication.

Over the years, it has been our endeavor to provide translations of many of the excellent articles appearing first in French, in English in a subsequent issue. Now they will appear simultaneously. Our announced policy is that the two journals will really be one with all of the articles written originally in French appearing in English in *The Canadian Nurse*, the English articles in French in *L'Infirmière Canadienne*.

This will open up a whole new world of understanding. No longer will our English readers have to struggle with a French dictionary to comprehend the developments in the French schools of nursing. For those French nurses whose reading knowledge of English is about on a par with yours of French, there will be the satisfaction of learning what their confreres are thinking.

The initiation of this program of translation is another of the reasons why we are so busy. We were delighted to welcome **Gabrielle Dolores Coté** to our editorial staff at the beginning of March. The first of August another bilingual assistant editor, **Pamela Eleanor Poole** will also be joining us. You will be officially introduced to these capable people in the June issues.

* * *

This month we are happy to welcome the president of the Registered Nurses' Association of British Columbia, **Edna Elizabeth Rossiter, R.R.C.**, as our guest editor. In that province of majestic mountains, tall trees and tall people, the height of the gracious president is matched by her breadth of vision in professional affairs.

Born in London, England, Miss Rossiter had completed her preliminary education before she moved with her parents to Canada. Immediately after graduating from Royal Jubilee Hospital, Victoria, B.C., she joined the staff there as assistant night supervisor. Two years later she became supervisor of the private floor and assistant in the school of nursing office.

In March 1941, Miss Rossiter enlisted with the Royal Canadian Army Medical Corps. She served as principal matron, Pacific Command for some time before proceeding overseas. There, she was P/M first with No. 24 Canadian General Hospital, then with No. 12. The award of the Royal Red Cross, 1st class, was made in the 1944 New Year's Honor List.

Miss Rossiter secured her certificate in administration in schools of nursing at McGill School for Graduate Nurses following her return from overseas. She has been matron of Shaughnessy Hospital, (D.V.A.), Vancouver, ever since.

* * *

Each year the World Health Organization marks the anniversary of its formation by celebrating World Health Day on April 7th. This year's theme was "Mental Illness and Mental Health in the World of Today."

Mental disorder has become one of the major problems of our time. Though generally more acute in countries of high economic development, every nation in the world has to contend with mental illness. Many articles, by world renowned authorities, were sent to us for publication. As the first that we shall share with you we present **Dr. G. S. Stevenson**'s "Mental Health Hazards in Later Life." Even though you are barely in your twenties you will enjoy reading it.

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Indications—The treatment of acute and chronic bronchitis.

Administration—One to two teaspoonfuls as prescribed.

Description—Each fl. oz. contains: Codeine phosphate 1/4 gr., terpin hydrate 4 gr., creosote 4 m., calcium glycerophosphate 4 gr., sodium gylcerophosphate 4 gr. and chloroform 1 m. Plain: As above without the codeine.

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The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

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* * *

Education is what is left after you have forgotten everything you have been taught.
— *Canadian Hospital*

* * *

Praise like gold and diamonds owes its value only to its scarcity.
— SAMUEL JOHNSON

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Drawer 350
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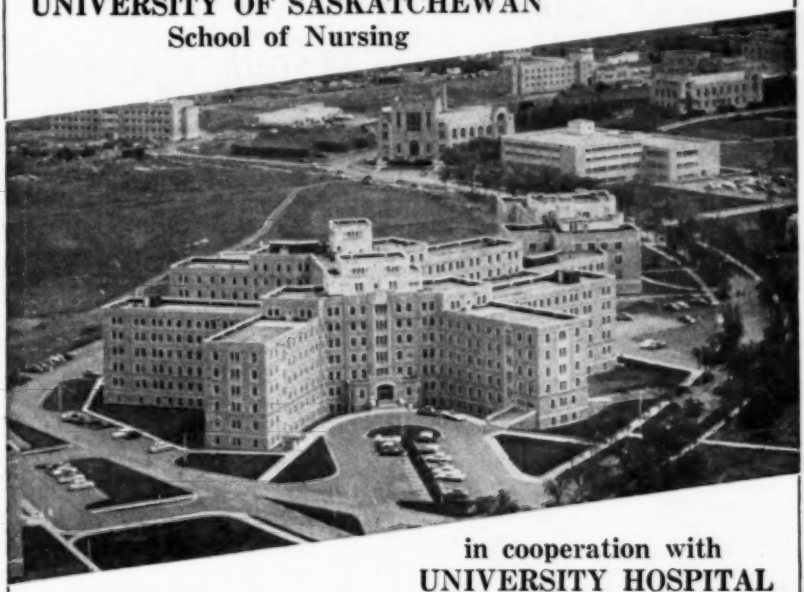

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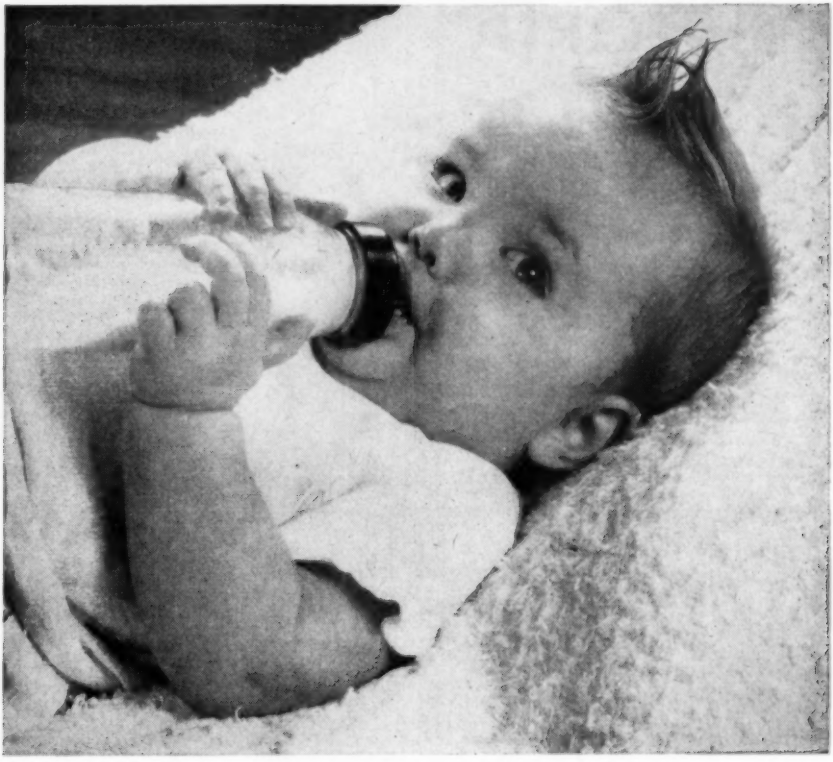

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THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 55 NUMBER 5

MONTREAL, MAY 1959

Building on our Likenesses

WHILE CONSIDERING a theme for this editorial from Canada's most westerly province which celebrated its 100th birthday last year, I recalled a significant line in our President's New Year message to us on "The Meaning of Faith." Speaking of our two great cultural heritages, Miss Girard said, "their likenesses were greater than their differences." It occurred to me that this statement might be applied to the growth and development of nursing in Canada.

Certain geographical and physical differences are immutable. Great mountain ranges divide us, vast prairies lie between, and the provinces vary in size. There are differences in size of population, in economy, in natural resources and potential growth. Certainly, our climate differs, and in age we range from the brashness of youth to the wisdom and experience found in the older provinces.

Across this great country, nursing has gradually developed through the efforts of nursing pioneers and the vision and planning of the nursing leaders of each generation. Differences there may have been in ideas, methods and personnel policies, but these have

EDNA E. ROSSITER

served to produce challenges and stimulation over the years. Our provincial Nursing Acts may differ somewhat but basically we have the same likenesses that unite us and these are far greater than our differences.

We have the same ideals and desires, the same problems and concerns. We work toward optimum health for all people in Canada; to meet the nursing service needs and to provide the educational programs and facilities to produce the kind and quantity of personnel required to carry out our nursing functions.

Social and scientific changes have intensified old problems and created new ones for the nursing profession. We are faced with an ever-increasing demand for nursing service. Consequently, a major concern at present is the reclassifying of nursing functions and the training of the different types of personnel necessary for the total health care of the people.

The nurses who graduated even 20 years ago could hardly have visualized the many changes that have taken place in so short a time. The advances in medical research — the changes in surgical treatment and anesthetics, with the consequent new skills and knowledge required in pre- and post-operative nursing, the number of new medications and treatments in medical nursing — all these demand continual study on the part of all nurses. There have been dramatic changes in psychiatric nursing, in the nursing of children, and in the importance of rehabilitation programs for an increasing number of the older age population. There is greater emphasis on preventive measures. Expanding programs in occupational health services call for new skills.

It was because we believed we could work more effectively through our likenesses, rather than our differences, that changes were made in 1952, after completion of the Structure Study of the Canadian Nurses' Association. The various committees of Public Health, Private Duty and Institutional Nursing were replaced by Nursing Education and Nursing Service Committees, thus uniting us in a common goal and doing away with overlapping and duplication of thinking and effort.

If we are to meet the needs created by continuing advances, we need the cooperation and participation of all nurses. Too few nurses are concerned about the future of their profession or give thought to the changing needs in nursing education and nursing methods. True, they may be carrying out their particular nursing tasks to the best of their ability, but more is expected of us as professional persons.

We must be prepared, for instance, to take a greater part in research to promote more efficient and economical methods of providing nursing care. Let us keep in mind that research can be and is being done by individual nurses as well as by organized groups under the leadership of prepared personnel. Methods Improvement Research, for example, formidable as it may sound, is being undertaken by any individual nurse who experiments with space and equipment to devise a quicker and more efficient way of doing a specific task. If she makes known her findings to other nurses she is making a contribution to nursing as a whole.

We need more nurses to interest themselves in their local nursing organizations, to serve on committees and become executive officers. How else shall we find the nursing leaders of the future who will have the courage and initiative of our pioneer leaders of the past? Only by the support and participation of all nurses can we meet the inevitable changes with confidence, discard what is no longer appropriate in old traditional patterns, and experiment with new approaches in nursing education and service.

Throughout all our concern and planning for the future one steadfast likeness binds us together, one which we hope will never change. Indeed, it is one aspect of nursing that most concerns the people we serve. Whatever our particular field of service let us never forget that first and foremost we are nurses. We must never lose the human attributes essential in a nurse: the sympathetic understanding of the emotional needs of our patients; the warmth and kindness, patience and encouragement, so essential if we are to fulfill our tasks with success and satisfaction. Then we shall

continue to merit the confidence and respect accorded our profession through the accomplishments of those who have gone before us.

EDNA E. ROSSITER, R.R.C.
President,
Registered Nurses' Association
of British Columbia.

Emotional Problems of the Worker

KENNETH A. HAMILTON, M.B., F.R.C.P.

How are these problems recognized, and what can the occupational nurse do for the worker with emotional problems?

WORKERS, LIKE EVERYONE ELSE, have emotional problems. The most important aspect of this subject seems to be how the worker handles such problems and how the occupational nurse may help him to handle them.

Many workers, most of the time will manage their own problems in their own way and for long periods of time will continue to make a good go of their daily lives, both at work and away from it. Such persons are said to have well integrated or mature, independent personalities.

Other workers will be less able to handle their emotional difficulties and will need and will seek help. With help they will be able to keep on with job of working and living at their best level of efficiency. Such personalities lack full maturity and independence.

Still other workers will be extremely prone to have emotional problems and will need much help. These people make demands for help with such frequency as to become nuisances to those upon whom they may come to depend for advice and medical aid. These are the dependent personalities — immature, poorly integrated and likely to report with symptoms, complaints and demands. Their work is less efficient; they get along poorly with their superiors and their fellows. They generate friction both at work and away from it. Ultimately, they quit or lose their jobs. Industrial accidents and prolonged compensation - dependency seem to suit them well.

So the emotional problems that arise demand of the nurse in industry some knowledge of personality and its development. There are many definitions of personality but the best is the simplest — "the person within the body."

GROWTH

The person, with his body, is born totally dependent, physically and mentally, and remains so for many years.

Most humans in our era of physical hygiene and scientific nutrition have little or no difficulty reaching physical maturity and the norm of such physical maturity improves apace. Broken Olympic records and body measurements of the average young adult citizen testify to the validity of this conclusion.

Two aspects of psychological growth concern us — growth of intelligence and growth of the emotions. Most people develop at least an average level of intelligence. This is the arbitrary standard which we call an I.Q. of 100. With this level of intelligence they can keep abreast of the demands of the social and economic organization around them.

Compulsory schooling provides at least a minimally effective adaptation of the intelligence so that nearly every adult can do some sort of job with the intellectual apparatus that he or she possesses. Morons and others of lower grade intelligence are relatively few in number. Many of them can get along

Dr. Hamilton is chief of medicine for the D.V.A. and is on the staff of University Hospital, Edmonton, Alberta.

in the world of industry at some routine, simple job that makes little demand upon their ability to figure things out.

Emotional growth is the aspect of psychological growth that is difficult of accomplishment. It should progress gradually from infancy to maturity but frequently it is arrested at some stage on the way and, as a result, maturity is never achieved.

The infant is physically dependent. He has great dependency needs that he makes known by angry emotional outbursts. Since he can not use language he has only one way of making it known that he is uncomfortable. His total needs are few — food, warmth and a mother to cling to. He is not concerned about whether he is clean or not, but he does not enjoy hunger or cold or loneliness. He makes known his satisfaction by emotional expression of gratification and pleasure when his needs are met.

As he grows up, little by little he becomes more independent and better able to endure frustration. He is very prone, however, to relapse or regress to an earlier or more infantile emotional reaction and expression. The infant and child are inevitably parasitic and dependent on others. Many adults remain thus and never reach full, independent emotional stature or if they do, they regress easily.

Immature adults behave after the pattern of children when subjected to frustration and stress. "Under stress people regress" may be a cliché but it says much in few words about human behavior. When the going is heavy, the less mature tend to regress and react as they used to when they were dependent infants or little children.

Infants and little children are normally completely selfish. They have not yet had time to learn to appreciate the rights of others. Some adults stay that way or are prone to regress to such a state of infantile egocentricity.

What, then, is a normal or mature personality? There are four essential criteria:

1. There must be a good work adjustment in which daily work must provide satisfaction, prestige and a sense of usefulness as well as wages.
2. There must be the capacity to love someone other than self.
3. There must be a minimum of mental conflict, with ability to come to a decision about any problem without too much hesitation or delay.
4. There must be freedom from symptoms, (organic causes excluded).

The occupational nurse should have a sound appreciation of the concepts of dependency and immaturity. She is the mother figure toward whom those dependent, immature types will unconsciously gravitate and some will try to cling. She must learn the various disguises in which dependency and immaturity are cloaked. She may then be able to help restore independence and maturity and to counteract regression. Let us consider some of the disguises:

A. *Somatic symptoms*: Many, if not most symptoms, have no basis in terms of cell pathology. They stem from disorders of emotion or feeling. They are precipitated by frustrations, conflicts and other troubles that beset life. Among the most common are:

1. *Undue fatigue* with associated aching of back and limbs. This is usually to be understood in terms of a poor work adjustment as set forth in the first criteria for normal personality. This person may not come out and say he dislikes his job but he cloaks his dislike of it in a somatic symptom. Fatigue and weakness as a presenting complaint will entail blood pressure readings, blood counts and detailed searches for diabetes, hypothyroidism and the like. Such tests must be done, but when they have been shown to be normal, the worker's adjustment to his job should be discussed with him. Such a person needs a sympathetic listener. The alternative is substitution therapy such as iron for a hemoglobin value which might be 10 or 15 per cent below par, thyroid in small, innocuous doses or the all-powerful vitamin pill for some fanciful occult state of malnutrition. Substitution therapy works by means of its suggestion value. Also, during the therapy the listening process helps perhaps more than the medicine as the sympathetic ear takes in the tales of woeful symptoms. A calm, motherly attitude reassures the complainer. In the listening process, it is a good idea for the nurse to encourage the patient to talk about other things than symptoms.
2. *Headaches*: Few indeed are the

headaches, especially the recurrent ones, that are caused by organic diseases: brain tumors, sinusitis and the like. Most of them are somatic disguises for anger, albeit the headaches are real and painful. Treatment at the plant will entail aspirin, simple or compounded with other analgesic drugs. Headache frequently occurs in a setting of poor work adjustment associated with friction generated by personal conflict with boss or fellow worker on the job or with spouse or mother-in-law in the home. Repeated reporting of headache should lead the nurse to suspect such conflict and use the listening-ear technic. It is presumed that thorough physical examination by the plant doctor will have been done.

3. *Dyspepsias, flatulence and the like*: The gastrointestinal tract has been called the sounding board of the emotions. Visceral disorders and distresses are commonly induced by intolerable situations at work or at home. These disorders are frequently associated with hyperacidity and constipation. If persistent, the worker should be referred for x-ray examination. The nurse may often be the key to resolution of the conflicts that underlie these states of distressingly disturbed visceral function. Substitution therapy will be the mainstay with the use of antacids and antispasmodic remedies. But the sympathetic listening ear may do more toward the ultimate resolution of the emotional problem and its symptoms.

Space does not permit of more protracted discussion of individual symptoms of emotional disorders but the following may be enumerated: palpitation, tachycardia, dizzy spells, menstrual pains, frequency of urination, cold hands and feet, abnormal sweating and abdominal butterflies.

B. *Psychological symptoms*:

1. *Insomnia*: This is the commonest of all symptoms. It spells out anxiety in large letters. It accounts for the prosperity of the tranquillizer and barbiturate trade. It stems from the persistence of childlike fear and insecurity It is a manifestation of neurotic illness and is often a forerunner of depression and other forms of psychosis.

2. *Depression*: This symptom represents a mood disorder. We all have our good days when we are charged with energy and high spirits. Also, we all have our blue days when we feel low, lack energy and everything seems hopeless. Depressed persons are low in spirits and energy all the time. They use disguises at first and may say they are weak and that they can hardly drag one foot after the other; they have no energy. When asked how are their spirits, they may be reluctant to admit that they are low and sad. When they finally do so, they frequently burst into tears. They may have been trying to keep up by using alcohol, but the use of that elixir is a subject in itself. They should be recognized, diagnosed and sent for psychiatric aid. The electric shock machine is one of the miracles of the age. Depressions most commonly occur in late middle age. They are almost always associated with insomnia and a sense of guiltiness.

3. Those presenting as character disorders:

(a) *Paranoid characters*: Of all the common defects of character, the paranoid person is the most frequently encountered. This person is one with a pet idea and he is unduly suspicious of others. He forms the rank and file of the army of cranks and faddists. He is always getting into quarrels about minor affairs. He generates much friction at work and everywhere else. He is possessed of ideas of grandeur, self-importance and persecution. These ideas do not amount to delusions so he is not psychotic. He should be suspected and referred to a competent diagnostician and should be advised to find another job. He may be told that a job somewhere else would benefit his health but the real benefit will accrue to the organization he leaves behind.

(b) *Compulsive characters*: This mind is dominated by obsessive ideas. Such a one feels compelled to count every fence post as he walks along or to step on every crack or to note the number of every passing automobile. Such compulsive acts are irrational and useless. They are also energy consuming. Often, however, this person feels compelled to do things that are useful and he becomes a compulsive worker. He can't go home at closing time and he has to do things beyond the call of duty. This type can be most valuable to industry and frequently makes good when his job calls for meticulous attention to detail. He will come back to work at night. He can't help it; he wouldn't sleep if he

didn't. He frequently gets promotions and becomes a superintendent — sometimes an intolerable one who can not understand why everybody else should not be like himself.

(c) *Schizoid characters*: These persons are not actually schizophrenic but their reactions resemble those of schizophrenia. They are queer and isolated by reason of inability to form relationships with others. Their emotional reactions to life situations are inadequate. They are said to be "emotionally impoverished."

There is no disturbance of thinking or perceiving. In other words they have no delusions or hallucinations. They are properly oriented in the world in which they live and work but they do not seem to feel and respond correctly to the social world.

Thus, these schizoid persons have no friends. They have no capacity for libidinal relationships with the opposite sex (for better or for worse!). They are socially retarded and lack interest in other people and their doings. They may do a good job of work in an isolated way and may go through life isolated, queer and odd. Many research workers and problem solvers belong in this category as do a lot of writers, mathematicians and scientists. They may accomplish a lot.

These characters should be left alone as they are working out their problems in their own way; handling their emotional troubles effectively for themselves, albeit in a different sort of way to most people. Sometimes they break down into full-blown schizophrenia when they lose contact with the real nature of the world about them and develop hallucinations and delusions.

(d) *Cycloid characters*: These persons are attenuated manic-depressives. All of us have fluctuations of mood. We may be elated one day and depressed the next but these persons exhibit exaggerated mood fluctuations. For periods of time they will be happy, gay and very productive at work which they do with much zest and energy. Then the cycle will change and for periods of time there will be loss of zest, slowing up, low spirits, and poor productivity at work.

The nurse in industry should recognize these types. She will be able to salvage many of them in their low phases. Often they will talk of quitting, saying that they are unworthy of holding down the job. It should be recognized that they will soon swing the other way. Of course, if the slowed up, non-productive phase should last too long, then psychiatric help should be sought for them.

Thus, an occupational nurse must know more than is taught her in a nursing school. She must learn on the job. She can only be really efficient by thinking in terms of personalities and observing her charges as people with all sorts of make-up. As well she must not think only in terms of symptoms, diseases and medical remedies. She needs to sublimate her maternal instincts by thinking of her charges as her family. "Scratch a man and find a child" is another useful cliché.

She must be aware of the disguises that cloak emotional conflict and are present as somatic symptoms. She must be aware of the therapeutic and helpful value of the listening ear. Most people with emotional troubles want to talk. While listening, she should keep silent and listen objectively, without moralizing or interpreting symptoms in terms of diseases. She should be aware of the value of good positive suggestions to help alleviate trouble. She should not make things worse by negative suggestion about dire and dangerous diseases that might lurk behind symptoms.

The nurse may combine substitution therapy with good positive suggestion. "I am sure this will help you," rather than "I am afraid you have something dreadfully wrong with you." She should not hesitate to refer the repeater to her plant physician. However, she can do a great deal of good on her own with the first-timer.

She should be aware of the weak, aching distresses that arise from a task disliked. She should be aware of the immature, dependent person who may tend to cling to her. Sometimes she may have to accept this motherly role if she is to help the worker stay on the job.

Emotional Problems and the Safety Program

Like diseases, accidents are best prevented. Safety programs have this

aim. Their success will depend upon knowledge of the personality types of the workers. There are types known to be accident-prone since 30 per cent of people have 80 per cent of the accidents. Repeaters will exhibit abnormal personality traits and will be classifiable according to types.

Accident-proneness begins in childhood. One child will be able to accomplish a hazardous act with safety while another will get hurt in a situation that is not at all dangerous. Psychiatric study of the latter child will show him to be in a state of psychic conflict which he attempts to solve by means of an impulsive act.

Infants and children have strong dependency needs and desires. Growing up emotionally and becoming independent is a difficult task. It is hard to give up the babyish wish to be pampered and coddled, to have everything done for one instead of doing for oneself. If an accidental injury should occur, a situation is created in which one is taken care of with sympathy and maternal concern till recovery ensues.

Children with strong dependency needs develop conflicts. They want to be independent and to do the things that other children of like age are able to do. Nevertheless, in the subconscious recesses of the mind there are strong wishes and feelings to remain dependent. Conflict develops between the wish to grow up and be independent and the wish to regress and enjoy the good old times of infancy and dependence. Such conflict may lead to the impulsive doing of daring deeds to prove that one is brave and no coward. The daring act is a rejection of the dependency wishes and it frequently results in an accident.

With the accident comes again the infantile dependency attention, care, and babying that were perhaps unconsciously longed for. The accident was fortuitous — it just happened! It was the result of fate.

The same sort of thing happens to those who have grown up physically but not emotionally. An accident will reactivate a dependency state. The injured one had no responsibility for it; it was fate or someone else's carelessness that caused it.

The Compensation Board steps in and provides hospital accommodation, nurse, surgeons and physiotherapy. For most independent, mature people a given injury, let us say a fractured mid-tibia, will take an average time for recovery. With certain workers, however, the recovery is much delayed, though the fragments have united and the swelling of the soft tissues has subsided. The delay in return to work is because of subjective symptoms without proportionate, objective, abnormality being found.

At that stage the person is often given more physiotherapy whereas what he probably needs most is a psychiatric evaluation and an uncovering of his motives, perhaps unconscious, for remaining on the sick list.

What sort of person is the accident-prone? Can he be detected before he has an accident in industry? Such persons frequently are overtly hostile. They tend to act out their hostility by impulsive behavior. Their muscular tension is great as in anger and their movements are stiff and jerky. They usually had to suppress their hostile feelings in their childhood because they had stern parents who would permit of no hostile expression. Their psychological apparatus permits of no active expression of hostility toward anyone else but themselves and they act unwisely and impulsively and get themselves hurt.

After the injury, the muscle tension and suppressed hostility subside. They have punished themselves for their hostile feelings by suffering a painful injury. On the road to recovery, this person's hostility often returns at the convalescent stage.

I do not know how this type can benefit much from a safety program unless the safety measures are forced upon him with the rigidity of military discipline. Even then, there will be breaks in the compulsory drill that will permit of the impulsive act.

There is nothing so easy but that it becomes difficult when you do it with reluctance. — TERENCE

A decent provision for the poor is the true test of civilization. — SAMUEL JOHNSON

Mental Health Hazards in Later Life

GEORGE S. STEVENSON, M.D

THERE IS NO TIME during a person's life when he is certain to be free of hazards to his mental health. Yet these hazards, inevitable though they are, do not affect everyone alike. Most of them exist in hidden form long before they become evident. The dangers are hidden both in the mind of the person and in the circumstances of life that surround him. An event such as separating from his home may, in one person, be a hazard at the age of 20. With another this is not the case, especially if he comes from a family that is used to separating easily.

Whether people overcome their psychological difficulties or fall before them, depends on the experience they have accumulated, especially during childhood but also in after years. The broader the experience, the better equipped they are to get safely past the hazards they are bound to meet.

Childhood is the time when we learn what is expected of us as adults and what we can expect of others. We learn, more or less well, how to deal with life's problems. We learn what our responsibilities are in relation to older and younger people, toward our work and our communities. We learn what is expected of us as men or women and what to do with our ambitions and talents. We learn that certain things in life are more, and others less, important. We learn also to expect different things from different people, e.g. the rural and the urban, and the native and the foreign. All these habits of thinking influence the importance we place on hazards, how they affect us and how well or badly we are able to deal with them.

However, one learns not only in childhood, but all through life. What is learned as a child is modified by adult experience. If experience has been too limited, new situations may be hard to cope with. For example, some people are so regularly successful that they are seriously upset when they meet a setback and have no previous experience to guide them. Others fail so often in what they undertake that they lack the courage to attack even easy problems. Most of us learn from occasional difficulties mixed with a fair amount of success to deal with common problems of life as they come along.

Dr. Stevenson is consultant to the National Association of Mental Health (New York) after serving for many years as its medical director. He is also psychiatric consultant to the United States Public Health Service and to the Veterans' Administration.

THE DANGER SPOTS

There are events in the lives of most people that are apt to be more or less critical. When the time comes to separate from one's parents and family; when one marries, especially if the partners come from different backgrounds; each time a child is born, calling for psychological readjustment in the father, psychological plus bodily upheaval in the mother; when children leave the home; and when death removes someone who is close — such events test a person's ability to depend on himself, and, in the case of a death, on his ability to keep from being crushed by the guilt of past attitudes toward the loved one.

There are hazards when one takes the responsibilities of a job or goes away to college or into the army; when work life is ended; when illness and disability force a person to give up doing things (work or play) to which he is accustomed; and when old age leaves a person or even a couple alone again. These have always been tests of a person's emotional strength.

Today these dangers are made more serious by changes that are taking place all over the world. People who used to live their lives in isolated places now find that easier communication brings new problems to their doorsteps. Rapid transport throws them into the midst of new customs,

new foods, clothes and industry to which they must adjust or else live isolated from their fellows.

Farming is intensified and enlarged, bringing a new farm labor — often migrant. Industry is mechanized and automized, thereby removing some of the satisfaction of making the product from start to finish. Household tasks inside the home, are changed — some are done outside. Even though the effects of these changes are good, they mean constant upsets in ways of daily living and many cause serious mental unrest. Even advances in health demand new habits and attitudes which sometimes give rise to resentments, e.g. fluoridation and pasteurization.

Problems without Answers

Advancing ideas of our obligations to our fellow men, laudable in themselves, and not to be reduced, may yet cause emotional disturbance. Discrimination on account of race, creed, color or nationality may have become firmly established. To change it is disturbing for both sides.

When a change in living conditions calling for new customs comes gradually over a period of two or three generations, we develop and inherit answers to many of life's problems painlessly. We learn these things from our families. We have to make only small alterations in our ideas and habits. But when such change comes within a single generation, the things we have inherited from our families or learned from even earlier experience are no longer useful. We find ourselves without answers to problems. This makes even small hazards serious. A state of emotional instability results.

Things to do

These critical spots in life are not always serious. Most people pass through them without great trouble. At the other extreme, however, are those who show the first signs of mental illness at these times. They show signs of strain such as delinquency, marital troubles, or difficulty with their work. These are the people who are poorly equipped to meet life's problems, who are poorly endowed generally.

In any case the beginning of emotional disturbance under such circumstances is a warning that the margin of mental reserve is low and the person may not stand an extra burden of anxiety. He should do two things:

Protect himself against getting into further situations that will add to his emotional burden.

Seek help in understanding where his weak and tender spots are mentally, and how to avoid strain.

Some people can help themselves, perhaps by talking things over with a sympathetic friend. Everywhere there are special people who are expected to provide help for those who are in trouble. It may be the person who provides healing service to the sick. It may be a religious leader, a public health person, the person who helps those in need of material assistance, the person who deals with offenders, e.g. police or lawyer. It may be a teacher, a psychologist or a psychiatrist. Both by training and experience these experts tend to acquire great skill and should be depended upon to give counsel when the hazards of life become too great for one to overcome himself.

There are certain things that everyone can do to strengthen himself to meet these hazards. All of us, of course, develop more or less fixed habits, most of which are valuable in our daily lives, but we should try to broaden them. It helps if we can meet new and different people and undergo new experiences. This will prevent our habits from becoming so fixed that we cannot adjust to new conditions. We can estimate our strengths and weaknesses by reviewing the past. If we cannot do this alone we can find an adviser who will help us.

The individual should plan his work and leisure occupations in keeping with his available time. He should not load himself beyond his capacity or even so close to it that he has no margin to absorb the inevitable shocks of hazardous periods. His leisure time should be protected and planned to provide pleasure and satisfaction to meet his hidden secondary or avocational interests and abilities. He should keep physically fit by having medical attention at the first signs of illness, or regular health examinations.

Old People and Migrants

Apart from what any individual can do to protect *himself* against hazards, he can do something to strengthen and protect everyone in his community.

He can encourage his community to provide education for families so that children can grow up better prepared to meet changes in living and parents can get along better at every period of life. He can interest his community in providing schools that will prepare children for change. He can support the health and medical services that make people better able to deal with hazards. He can try to get better vocational guidance and training and better personnel services for people who work. This includes better provision for retirement and better preparation in the use of leisure time.

Everywhere in the world more people are living to be older. Special health, welfare, occupational and recreational services and community centres can be provided for those who outlive their close friends and relatives. It is especially important to preserve friendship at this time.

More and more people are moving from place to place — some are constantly on the move. Special information and services are needed to help these people get along in new and strange surroundings, especially in large and complex cities. Again and again it has been suggested that counselling and advice should be provided by many professions — doctors, nurses, clergymen, lawyers, teachers, welfare workers, health workers, etc. Preparation to deal with problems of mental health should be included in the professional training of all such workers.

No one person can be expected to give attention to all these ways of improving the community and its experts. Yet, if each one of us managed to achieve even a small amount of success in just one of them, it would be a good beginning and could lead to doing even more.

In the Good Old Days

(*The Canadian Nurse* — May, 1919)

There are still nearly 500 deaths a year from tuberculosis (in Manitoba), or about 85 for every 100,000 population; but that is about the lowest death rate in Canada which we share with Ontario, Saskatchewan and Alberta . . . Montreal and the Province of Quebec have each over 200, New Brunswick and Nova Scotia each about 170, Canada as a whole 140 (per 100,000 population).

* * *

A survey of the "bubble fountains" of a university led to the disclosure of the fact that over 50% of the entire number showed the presence of streptococci. Laboratory tests showed that in order to be a health protective measure, as it is supposed to be, the fountain must be constructed so that the water flows from a tube erected at an angle of 15 degrees or more from the vertical, and with an adequate guard to prevent contact with the orifice.

* * *

A nurses' convention was to be held in Vancouver in June and prospective delegates were advised that the Vancouver Hotel rates would be $3.50 for a single room and bath or $5.00 for a double room and bath.

* * *

The construction of a tunnel from the Asiatic side of Behring Strait, where there is already a railway, to Cape Prince of Wales, near Dawson City, Alaska is under consideration. This would enable a passenger to make a through railway journey from London to Canada, the United States and South America.

* * *

The first provincial examination for the registration of nurses was held at the General Public Hospital, Saint John. Fifteen nurses wrote the examinations.

Falling-sickness rings were those made from half crowns given in the church collection after a celebration of Holy Communion. These were worn as a cure for epilepsy.

Les Soins Infirmiers à Donner aux Lésions Thermiques

Soeur M. Virginia

Le rôle d'amie, de conseillère et de technicienne experte que joue traditionnellement l'infirmière, est illustré d'une façon dramatique en temps de désastre. Que les victimes soient vraiment malades, qu'elles soient bouleversées par la séparation d'avec leur famille, par la peur, la perte de biens ou d'autres fortes émotions, elles se tournent vers l'infirmière pour être consolées.

En temps de désastre, il faut adapter les soins infirmiers à des situations chaotiques, au manque de matériel et d'aménagements. Une infirmière, habituée à exercer sa profession dans des conditions normales et dans un hôpital bien équipé, se trouve en présence d'une situation très différente lorsque, en temps de désastre, elle se voit obligée de s'installer une boîte dans le coin d'un abri afin de stériliser des instruments avec des moyens de fortune. Il lui faudra souvent travailler sans direction médicale et ne compter que sur son propre jugement.

Dans le cas de lésions thermiques, le premier traitement dispensé aux personnes grièvement brûlées est d'une extrême importance. L'infirmière devrait savoir ce qu'elle doit éviter tout aussi bien que ce qu'elle doit faire. Des vies ont été perdues parce que l'étendue et le degré d'une brûlure ont été sous-estimés. Il est important d'établir un diagnostic exact, car ce diagnostic est l'unique moyen d'estimer l'ampleur des problèmes auxquels le malade fait face. La "règle de 9" est un bon moyen de déterminer l'étendue de la brûlure.

Pourcentage de la superficie du corps:	
Chaque bras représente	9%
La tête	9%
La partie antérieure du tronc	18%
La partie postérieure du tronc	18%
Chaque jambe	18%
Le pubis	1%

On sait que les brûlures au visage, aux mains et aux parties génitales produisent un plus grand degré de choc, proportionnellement à la superficie brûlée, que tout autre superficie égale du corps. Il est bon de noter d'une façon spéciale l'étendue des brûlures dans ces régions.

Les brûlures se classifient de la manière suivante:

Premier degré — simple rougeur de la peau.

Deuxième degré — la brûlure pénètre à travers la peau jusqu'aux couche sous-cutanées.

Troisième degré — les muscles, les nerfs et les vaisseaux sont attaqués.

Nous devons aussi nous rappeler que le malade peut souffrir de lésions thermiques à l'appareil respiratoire, lorsqu'il a respiré de l'air chaud, des poussières chaudes et des gaz toxiques. La gravité de ces brûlures se juge par l'état de connaissance de la victime, par l'étendue et le degré des brûlures à la tête et à la poitrine, par le milieu où les brûlures sont survenues, par la substance qui les a causées, et par quels produits de combustion (dont l'oxyde de carbone est le plus important). Les symptômes dépendent de l'étendue et du degré des brûlures causées à l'appareil respiratoire. Lorsque les voies respiratoires supérieures sont légèrement blessées, on ne constatera qu'une simple irritation de la gorge et de l'enrouement. Dans les cas graves, l'oedème du larynx évolue rapidement jusqu'à obstruction complète.

Les lésions thermiques infligées pendant les désastres sont souvent accompagnées de lacérations, d'écrasements ou de fractures, blessures qui sont parfois plus graves que les brûlures. Il ne faut pas oublier non plus la rupture des viscères et les hémorragies causées par l'explosion. D'habitude, les principaux risques auxquels les brûlures exposent sont le *choc* et *l'infection*.

Voici comment les services aux victimes sont répartis:

Soeur Mary Virginia est directrice des études à l'Ecole des infirmières St-Joseph, à Hamilton, Ontario.

1. *Région du sinistre* — Seuls les premiers soins sont dispensés.

2. *Centre avancé de traitement* — où les blessés peuvent être gardés pendant 24 heures et où les médecins, les infirmières, les secouristes, etc., donnent les premiers traitements.

3. *Hôpitaux improvisés* — Dans la plupart de ces hôpitaux, seules des décisions seront prises.

Région du sinistre

Dans la région du sinistre, les secouristes auront ce qu'il faudra pour administrer les drogues qui calmeront les douleurs, et faire les premiers pansements. Un malade dont les brûlures sont légères (moins de 10 p. 100) n'aura pas besoin d'être pansé. Si la superficie brûlée est étendue, le malade pourra être placé dans un grand pansement pour brûlures; ses vêtements seront détachés, mais non enlevés. Si le malade est dans l'impossibilité de marcher, les moyens de transport lui seront fournis. Les cas de brûlure seront évacués les premiers.

Centre avancé de traitement

C'est dans les centres avancés de traitement que l'infirmière entrera en contact pour la première fois avec les malades qui souffrent de lésions thermiques. Il faut viser d'abord, lorsqu'on traite les victimes, à *prévenir* plutôt qu'à atténuer les troubles émotifs. Les quatre points suivants, à la fois un sommaire et un guide, sont de la plus grande importance:

1. Adopter une attitude calme et confiante qui rassurera les blessés et les autres.

2. Montrer à ceux qui soignent les malades à se mouvoir sans précipitation, à s'exprimer en toute confiance et à rassurer.

3. Savoir reconnaître les premiers signes de l'hystérie et occuper ceux qui en sont menacés, à moins que l'activité ne soit absolument contre-indiquée.

4. Faire travailler toute personne qui en est capable.

Le traitement et les soins donnés immédiatement ont pour but de rassurer le malade et de combattre le choc, dont les symptômes peuvent être l'incohérence du langage, la froideur et moiteur de la peau, une soif extrême et des battements rapides du coeur. Il faut remplacer la perte de plasma et des électrolytes afin d'atténuer la concentration de l'hémoglobine. Il faut entreprendre immédiatement la thérapeutique intraveineuse. Comme il est peu probable que l'on ait du sang à sa disposition, on utilisera les matières suivantes par ordre de préférence: plasma, sérum reconstitué, solution de dextrane à 6% dans de l'eau physiologique, solution physiologique ordinaire. On continuera ce traitement jusqu'à ce que le malade soit suffisamment rétabli avant d'entreprendre un nouveau traitement. Si le malade peut boire du liquide, on lui donnera afin de maintenir l'équilibre acide-alcalin, (une pinte d'eau dans laquelle on aura fait dissoudre une cuillerée à thé de sel et une demi-cuillerée à thé de bicarbonate de soude.) S'il est impossible de préparer ce mélange, on fera boire simplement de l'eau.

La quantité de fluide parentéral que l'on administrera dépendra de la gravité des brûlures et de la réaction du malade à la thérapeutique intraveineuse. Des brûlures étendues empêchent souvent de prendre la pression artérielle. L'infirmière doit s'en remettre au pouls du malade, à son apparence générale et à son débit d'urine, pour connaître la profondeur du choc et la réaction du malade au traitement. Tous les fluides donnés au malade doivent être exactement consignés sur sa carte d'identification. La formule suivante de traitement aux fluides est généralement admise: 1 cc. de fluide par brûlure de 1 p. 100 par 24 heures et par kilogramme de poids corporel. On donnera la moitié de ce volume pendant les huit premières heures, le reste, dans les 16 heures suivantes. Au cours des 24 heures suivantes, on pourra donner environ ½ — ¾ du volume total administré pendant les premières 24 heures. Le fluide intraveineux administré comme ci-dessus en cas de lésions graves doit contenir du plasma et de l'eau physiologique, en parties égales. On ne saurait surestimer l'importance de consigner d'une manière très exacte l'ingestion et le débit dans le cas de malades grièvement brûlés.

Dans un tel cas d'urgence, faire un rapide examen physique du malade afin d'estimer son poids, de déterminer

l'étendue des brûlures et de la consigner sur la feuille. Recouvrir les brûlures avec un pansement, s'il s'en trouve, et indiquer sur ce pansement la superficie brûlée, au moyen d'un crayon rouge ou d'un crayon à lèvres. Après avoir pris ces premières mesures pour combattre le choc, enlever le reste des vêtements.

Il est souvent difficile de faire prendre par la bouche des antibiotiques s'ils sont prescrits, parce que l'état de choc produit des vomissements. S'il est jugé bon, faire lever les malades qui ont moins de 15 p. 100 de brûlures (à l'exception des personnes âgées ou très jeunes) et les encourager à aider à transporter les autres malades dans les hôpitaux improvisés.

Hôpitaux improvisés et existants

Les malades arriveront aux hôpitaux provisoires dans les 24 à 48 heures qui suivront le désastre. La condition générale du malade est la première considération. C'est ici que la ration et le débit des fluides deviennent importants. En cas de rétention ceux qui ont plus de 25 p. 100 de brûlures devront utiliser un cathéter. Le volume d'urine excrété par heure servira pendant plusieurs jours à déterminer si le volume sanguin se maintient à un niveau satisfaisant, et à quel point les reins sont attaqués. Il faut surveiller la présence du sang dans l'urine, car ce symptôme est mauvais et indique que les reins commencent à mal fonctionner. Tout en surveillant ce danger, il ne faut pas modifier le traitement tant que les reins ne réagissent pas normalement aux fluides administrés par voie parentérale.

Durant et après la troisième période de 24 heures, il faut surveiller le malade afin de voir si son débit d'urine se met à augmenter subitement, par exemple de 25 cc. par heure à 150 cc. dans le même espace de temps. Si cela se produit, on observera qu'il faut moins de fluide pour maintenir un bon débit d'urine. C'est là un symptôme favorable. Si le débit d'urine du malade ne réagit pas aux abondantes infusions intraveineuses, il faut faire plus attention lorsqu'on donne du liquide, soit par la bouche soit par les veines. C'est que le malade ne réussit pas à excréter les liquides d'une manière suffisante, et il peut en résulter un oedème pulmonaire. Devant la déficience des reins, il faut réduire le sel et ne donner du liquide que pour compenser les pertes produites par voie des poumons, de la peau et de l'urine. Le risque d'oedème pulmonaire est beaucoup plus grand chez les malades dont les voies respiratoires sont brûlées à l'intérieur du thorax.

Du cinquième au quinzième jour, le malade a besoin de bons soins infirmiers et chirurgicaux, basés sur le diagnostic d'un métabolisme déréglé. Si la fonction urinaire du malade est bonne, si la ration alimentaire quotidienne revient vite à la normale (en principe, environ, 3,500 calories, 450 grammes d'hydrates de carbone et 250 grammes de protéine), si un hématocrite suffisant est maintenu malgré la tendance persistante à l'anémie, si une bonne technique et un bon traitement aux antibiotiques permettent de repousser l'infection, la condition du malade s'améliorera rapidement et ses brûlures seront bientôt prêtes à être débridées et à recevoir la greffe.

Il est peu probable que l'on puisse, au cours d'un désastre, se procurer des châlits Stryker ou les lits pour malade brûlés. Puisque le malade n'est pas soigné sur un châlit, il faut apporter plus de précaution à le tourner, afin de ne pas frotter ses plaies lorsque les draps sont changés. Ces malades préfèrent se tourner eux-mêmes, quand c'est possible. Cela peut demander plus de temps, mais semble les faire moins souffrir.

Il faut suivre une rigoureuse asepsie en soignant les régions brûlées, que l'on traite comme toute autre plaie. De préférence, on ne nettoiera qu'au moment de la greffe. Les visiteurs qui sont atteints de maladies des voies respiratoires supérieures ne seront pas admis, parce que les personnes qui souffrent de brûlures sont prédisposées aux infections. Il faut protéger le malade contre les courants d'air et les refroidissements. C'est parfois difficile, car on est obligé de découvrir la partie brûlée. En tenant les portes fermées et l'air de la pièce chaud, il est possible d'empêcher le malade de trop souffrir et de le mettre à l'abri des complications d'ordre respiratoire. Etant donné que la douleur favorise le choc et l'agitation, on administrera

des calmants au besoin. L'infirmière doit toujours surveiller les premiers symptômes d'un commencement d'infection, comme l'agitation, les douleurs, les odeurs nauséabondes et l'élévation de la température. En faisant les pansements, l'infirmière devra remarquer si les extrémités sont froides, pâles, bleues, ou si le sang y circule mal.

Pour se reposer, il faut être à l'aise. Les malades grièvement brûlés doivent passer de longues semaines au lit. Aussi, de fréquents changements de position leur permettront de se détendre et de se reposer plus facilement. La propreté générale du corps est indispensable à l'élimination cutanée. Après le mouvement des intestins ou de la vessie, il faut bien nettoyer les parties environnantes afin d'empêcher que des cristaux d'urée ou de matière fécale ne se déposent sur les brûlures. Il faut encourager le malade à se remuer le plus possible dans son lit. Cela réduit le danger d'embolie et prévient l'ankylose des articulations. Des exercices de respiration profonde, à intervalles rapprochés, seront encouragés et surveillés.

Si le malade a été brûlé au visage et au cou, il doit être tenu constamment en observation, de peur que des complications d'ordre respiratoire ne surviennent, car ces brûlures atteignent d'ordinaire les voies respiratoires. Si nécessaire, un appareil de trachéotomie doit se trouver auprès du lit en tout temps. Si les premiers symptômes de difficulté dans la respiration apparaissent: toute respiration asthmatique et dyspnée, le médecin doit être averti immédiatement. Les muqueuses de l'appareil respiratoire réagissent aux lésions et aux irritations en formant un oedème qui, s'il n'est pas combattu immédiatement, provoque la mort par asphyxie. L'infirmière doit se rappeler que les brûlures des mains sont souvent associées aux brûlures au visage, parce qu'une personne se porte instinctivement les mains à la figure afin de se protéger les yeux. Par conséquent, on ne pourra pas compter sur les ongles des doigts pour déceler la cyanose.

Les victimes de brûlures à l'appareil respiratoire ont besoin de bons et fréquents soins d'hygiène buccale. Pendant les premiers jours, lorsqu'il est impossible de garder du liquide, leurs lèvres deviennent sèches et fendues; leur bouche est sèche et leur haleine fétide. Un morceau de gaze humide placé sur la bouche soulagera le malade, si celui-ci est obligé de respirer par la bouche. L'état de la bouche aura une grande influence sur l'appétit que le malade aura pour les aliments qui favoriseront la croissance de cellules et de tissus nouveaux. L'infirmière doit user d'ingéniosité pour rendre la nourriture solide et liquide plus appétissante. Il faut insister sur les protéines, indispensables à la réparation des tissus. Les besoins alimentaires du malade seront beaucoup plus prononcés après qu'il aura subi des brûlures, et pendant une longue période de temps. Les préparations au lait écrémé sont une source excellente et économique de protéine. On conseille de faire prendre souvent entre les repas des aliments riches en protéine.

Lorsqu'une infirmière comprend quels sont les effets physiologiques des brûlures, il lui est possible d'expliquer plus clairement au malade pourquoi il faut apporter une attention spéciale au débit de l'urine, l'importance des infusions et des liquides pris par la bouche, ainsi que la raison d'être de nombreuses analyses de sang. Lorsque le malade comprend la raison d'être des traitements et des techniques, il est mieux disposé à collaborer. Un malade grièvement blessé appréciera la compréhension et la sympathie que l'infirmière manifeste afin de l'aider à surmonter les problèmes d'ordre émotif qui accompagnent invariablement la présence de plaies qui laisseront des cicatrices. L'infirmière doit être aimable, encourageante, et par-dessus tout, savoir écouter.

C'est ici que l'infirmière a l'occasion d'être fidèle aux plus hauts idéals de sa profession. Si elle veut inspirer confiance aux autres, l'infirmière doit être elle-même préparée, physiquement et émotivement, à penser clairement, à exécuter rapidement, à s'adapter à n'importe quelle situation. Elle doit avoir la foi, l'espérance et la compassion. Ces qualités ajoutent infiniment à la stature professionnelle de l'infirmière, à n'importe quel chevet de malade. En temps de calamité, elles feront de sa présence même un phare brillant dans l'obscurité.

Nursing Care in a Mitral Commissurotomy

ELLEN SNIDAL

MRS. BROWN, 27 years old, was admitted for possible mitral commissurotomy. She had been diagnosed as suffering from mitral stenosis. The doctors first of all, had to determine whether or not this patient would be a suitable candidate for a commissurotomy.

Except for the fact that she was susceptible to colds and had been bothered by a sore throat recently, she had been "feeling well' until one year ago when she noticed some shortness of breath on climbing stairs. At the same time she also experienced some pain in her ankles, knee joints and fingers. These symptoms gradually progressed until three weeks before admission when she noticed ankle edema and some orthopnea. During the past year she had lost 10 pounds in weight. She was a very pleasant, happy woman, the mother of one boy aged five years. She was 5′ 4″ tall, weighed 100 pounds and appeared tired. The dyspnea was noticeable on exertion, and slight ankle edema was present. Swelling of the joints was obvious on the fingers of both hands and although it was minimal the doctors felt that Mrs. Brown definitely had had rheumatic fever. The murmur over the area of the mitral valve could be heard easily with a stethoscope. After studying the results of various tests, a diagnosis of "pure" mitral stenosis was made and Mrs. Brown was considered an excellent candidate for a mitral commissurotomy.

Her preoperative preparation began several days before the operation. Mrs. Brown's blood pressure was checked t.i.d. to provide a record of her normal blood pressure. Precautions were taken to prevent her from developing an upper respiratory infection. The physiotherapist and I instructed her in deep breathing and coughing exercises so that she would be better able to cooperate with us in doing them postoperatively. Mr. Brown visited his wife daily and brought news of their little boy who was being cared for by his grandmother. Mrs. Brown did not seem very nervous about her operation but when the subject was mentioned during our conversations, she brought up many questions that had been on her mind. She was told about the recovery room and the exercises that she probably would not feel like doing at the time but which would help her so much in making a speedy recovery. She was pleased to hear that the anesthetist would be with her from the time she entered the operating room until she was fully awake and ready to return to her room. She seemed happy, too, that I would be going with her to the operating room and would care for her afterwards.

Miss Snidal wrote this account of her experiences while she was a student nurse at Montreal General Hospital.

THE OPERATION

Preoperatively, medications were given to control secretions and relax the patient. A cut-down was performed in Mrs. Brown's left arm. One hour later she was taken to the operating room feeling very drowsy and seemingly calm.

The operative equipment included a large, special apparatus for measuring and recording the electrical activity of the heart and for obtaining pressure readings in specific areas of the heart. This was the responsibility of the cardiologists.

The patient was kept under as light an anesthetic as possible. The doctor first carried out the procedure of making the opening into the chest cavity, which takes quite some time. It was a tense moment for everyone when he cut through the pericardium, and was prepared to make the incision into the auricular appendage through which he would insert his finger into the heart chamber. Close teamwork was most important at this point. The cardiologists and anesthetists gave reports every few seconds on the heart itself as well as on the patient's general

condition. The partially calcified mitral valve was slit successfully and the operation was completed in three hours. Only one bottle of blood was given during the operation as care must be taken not to overload the heart. A water-sealed chest drainage was established and the patient was taken to the recovery room.

Postoperative Care

Mrs. Brown regained consciousness almost immediately. She was given oxygen continuously by nasal catheter. A close check was kept on her blood pressure, pulse and respirations, the dressings and the chest drainage. The extremities were examined for cyanosis. Intravenous 5% glucose and water was given through the cutdown at a very slow rate.

Postoperative exercises began as soon as the patient could obey instructions. Her chest wound was supported to help her cough up secretions, practise deep breathing and do her leg exercises. It took a great deal of persuasion at times but with encouragement and reassurance Mrs. Brown carried out her instructions very well. Early in the evening she was taken back to her room.

Her condition on the first postoperative day was quite satisfactory. By mid-afternoon the fluctuations in the chest drainage bottle had stopped and the lung was fully expanded. On the second day the chest tubing was removed.

Mrs. Brown showed much less fear and apprehension than do most people following chest surgery. At times, however, during the first two days after operation, she had an anxious expression or even a fearful one but this soon disappeared. On the fourth day she was helped out of bed and after walking a few steps to stimulate circulation, she sat in a chair for ten minutes. This was a thrilling experience for her. From that day on, Mrs. Brown progressed rapidly and soon was up and about. Twelve days later she was ready for discharge. The doctor was confident that she would be free of her former symptoms and in future would be able to carry out normal activities.

Rehabilitation

After discharge from hospital Mrs. Brown paid regular visits to the cardiac clinic of the outpatient department. Soon after she went home she was troubled with digestive upsets. The doctor felt these were due to the operation and they disappeared after a few weeks. With the help of her husband and her neighbors Mrs. Brown was able to cope with her housework adequately.

Six months after the operation Mrs. Brown's record showed that her heart sounds had improved greatly. It was no longer necessary for her to take digitalis. Shortly after, she reported that she was able to engage in any activities without difficulty.

Books are good for us because they tend to shake us up. Our environment is confusing because it is made up of a tangle of complicated notions, in the midst of which individuals are inclined to sit apathetically. Greek philosophy, we recall, leaped to heights unreached again, while Greek science limped behind. Our danger is precisely the opposite: scientific data fall upon us every day until we suffocate with uncoordinated facts; our minds are overwhelmed with discoveries which we do not understand, and therefore fear.

What we find in books can make us look again at things we have taken for granted, and question them; it can arouse us to appreciate once more the ideas and ideals that are being stifled under the lava flow of technical marvels. If a book moves us to thought, even to angry thought, the chances are that it is doing us a good turn.

— *Royal Bank Monthly Letter*

* * *

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* * *

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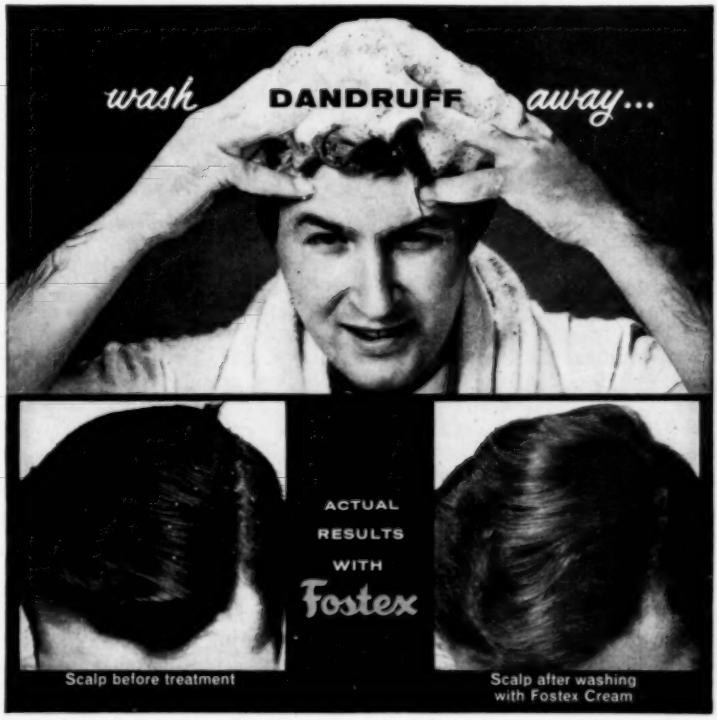

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Cerebellar Artery Thrombosis

ELLEN JUTRAS

MISS CAMERON, 53 years old, was admitted with a diagnosis of hypertension and Menières syndrome. She was very nervous, apprehensive, worried about the possible length of her stay in the hospital and whether or not she would regain her equilibrium making it possible for her to walk properly again.

SOCIAL HISTORY

Miss Cameron worked as a saleslady in one of the big department stores. Her income was quite adequate and she was helping to support her parents. For the last few years she had been living with a very dear friend — an arrangement that seemed contrary to the wishes of her family. At the time of her admission her friend was ill and this increased her anxiety and nervousness.

MEDICAL HISTORY

Before Miss Cameron's latest admission to hospital she had been treated on two different occasions for chorea in her youth. In later life she had had a subtotal hysterectomy and bilateral salpingo-oophorectomy. Five years ago she was treated for symptoms which proved to be thrombophlebitis in her left calf.

In discussing her latest illness Miss Cameron said that she had been perfectly well until two days prior to her admission. As she left the store's dining-room to return to her work she suddenly felt dizzy and had to close her eyes. When she opened them she was leaning against the wall. She tried to walk again but staggered and struck the opposite wall.

From that time on she was unable to walk purposefully in a definite direction. She complained of nausea, vomiting, headaches, an itchy sensation in the outer corner of her right eye and hoarseness accompanied by a sore throat. In addition she had a sensation of coldness in her left arm and leg. She was troubled with a continuous ringing sound in her ears and the slightest movement elicited dizziness.

Physical examination revealed that the pupils of her eyes were constricted and did not react properly to light. Her blood pressure on her right arm was 220/115 and on the left 160/110, her pulse rate was 72. Her abdomen was distended and slight ptosis of the right kidney could be felt. The temperature of the left arm and leg was noticeably lowered as compared to the normal. Her reflexes were adequate except for an exaggerated left knee jerk. An attempt to check her Babinski reaction brought on a clonus of her right leg.

LABORATORY RESULTS

A weekly urinalysis was done. The specific gravity varied from 1.005 to 1.010; the normal being 1.008 to 1.030. On two occasions bacteria were found in the urine. A Mosenthal test was done to determine the ability of the kidney to concentrate urine. The results were within the normal limits. The electrocardiograph, the nonprotein nitrogen estimation, the A.C. blood sugar and her chest x-ray were all normal. Because slight ptosis of one kidney could be felt the doctor ordered an intravenous pyelogram. The results were negative.

The prognosis for her condition was generally good but there was a possibility that she would be left with residual signs.

THERAPY AND NURSING CARE

The doctor ordered 25 mg. of Serpasil q.i.d. It is thought to depress the central sympathetic centers which results in a gradual lowering of both the systolic and diastolic blood pressure. Over a period of five weeks Miss Cameron's blood pressure was reduced from 220/115 to 140/82. It also relieved her headaches and dizziness.

Miss Jutras is a student at St. Mary's Hospital, Montreal.

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One side effect was noted — nasal congestion especially in the morning. To relieve this an anti-histamine, Benadryl 25 mg. q.i.d., was ordered.

Miss Cameron showed symptoms of a mild form of pellagra, nervousness, irritability, indigestion and constipation. Nicotinic acid 100 mg. q.i.d. was prescribed. When she left the hospital five weeks later she was told to take two of these tablets a day so that the results obtained would be more lasting.

She was placed on a low caloric, salt-free diet to maintain her weight just below the normal level for her height and build.

Miss Cameron found it very hard to adjust to the rules of the hospital as she was so used to being independent. Over the years she had acquired the habit of drinking tea quite often during the day. As this was not the routine in the hospital she became very irritated. When the dietitian visited her this problem was discussed and it was arranged that she should be served tea and cookies in the mid-morning, mid-afternoon and at bedtime.

On her first hospital day she tried to go to the bathroom but she became dizzy and fell. The nurse found her on the floor crying and very upset. She refused to be bathed by the nurse but complained that it tired her too much to wash sitting down in the bathroom. The doctor finally gave her permission to take a tub bath as long as a nurse would remain with her all the time. This lifted her spirits considerably.

She became very depressed again when no improvement was noted in her condition. Her left leg and foot continued to be numb. On two occasions she experienced "hot flushes" that started on her lower neck and progressed to an area behind her ears. The flush was of short duration but disturbed her very much. A neurologist was called in for consultation. His report ruled out the diagnosis of Menière's syndrome but stated that the findings were characteristic of posterior inferior cerebellar artery thrombosis.

As the days followed, Miss Cameron was subject to chill tremors and stabbing pain. Special care was given to her feet. They were massaged three or four times a day. This seemed to increase the circulation and remove the heavy feeling that constantly troubled the patient.

She remained on bed rest except for the few times each day when the nurse would help her to go to the bathroom. Rest combined with the Serpasil reduced her blood pressure gradually.

Miss Cameron became depressed and discouraged easily during this period. Her nurses did their best to explain what was happening and to reassure her that when she left the hospital she would be able to lead a comparatively normal life.

The neurologist paid a second consultation visit to the patient. She still showed the same symptoms. He suggested that a physiotherapist should visit Miss Cameron daily to give her gait training, leg exercises, etc. Day by day the patient became more enthusiastic. She could both feel and see that she was progressing satisfactorily. One week later when the neurologist made his final visit, he found her in much better spirits. He encouraged her to stay up for increasing periods of time in both mornings and afternoons.

At the same time her own doctor gave her permission to attend Sunday services in the hospital chapel. This convinced Miss Cameron more effectively than words that she really was on the road to recovery. By now she could walk down the corridor by herself. She filled her free time by reading, knitting and crocheting. All her symptoms has disappeared except that she still lurched to the right when walking.

Just at this stage of recovery she learned of the death of the friend with whom she had lived. She became very upset, cried continuously and reached the stage when her nurses could not console her. Her walking became more unstable. Her blood pressure rose to 210, her pulse rate to 100. Eventually she felt the need to talk about her friend's death. This immediately helped her to overcome the deep state of depression that she had reached.

A few days later she was discharged from hospital much improved physically and emotionally. Her symptoms

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* Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

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had been relieved as much as possible. She was admitted to a convalescent home in the country for an additional two weeks of rest. After this she went back to her work completely cured except for a very few residual signs — one of which was a slight limp.

Health Teaching

Before Miss Cameron left the hospital she was given instructions that she was to follow at home. Her daily routine did not have to be changed except for the addition of rest periods in the morning and afternoon. She did not have to follow a special diet but moderation was to be her guiding principle. Before her admission she smoked 30 cigarettes a day. Gradually this number was reduced to six. Knowing that smoking would increase her blood pressure she was able to do this without any particular difficulty. Miss Cameron knew that high blood pressure was quite compatible with long life as long as she followed instructions and developed the art of relaxation.

Conclusion

This patient was admitted with the diagnosis of hypertension and Menière's syndrome. After observation this was changed to inferior posterior cerebellar artery thrombosis. The symptoms were relieved by specific drugs, bed rest, special diet and physiotherapy. After five weeks of hospitalization the patient was discharged completely cured except for a very slight limp.

Coronary Artery Thrombosis

Vida Trenholm

The patient with a coronary artery thrombosis often gives a history of having had his attack at home, sitting at his office desk or similar location. Regardless of where the attack occurs there is usually one feature common to all — the individual has been *at rest.*

Unless his attack has been very mild he will complain of pain that may involve the precordial area, the neck, arms and epigastrium. The pain may be excruciating, resembling that encountered in gallbladder disease. Dyspnea, cyanosis, diaphoresis, vomiting and pulse irregularities may be present. The blood pressure commonly falls and the temperature is elevated for a few days. Electrocardiograph changes confirm the initial diagnosis.

A fairly definite pattern of care has been developed for the person with coronary artery thrombosis.

Mrs. Trenholm, a supervisor at Queen's General Hospital, Liverpool, N.S. presented this outline of nursing care at a chapter meeting of the R.N.A. N.S.

1. *Strict bed rest.* The patient's cooperation in restricting his activity must be obtained right from the moment of admission.

He must be willing to accept extensive help from his nurses in performing many activities that he would normally do for himself — bathing, brushing his teeth, feeding himself, reaching for objects etc. For a short time he should not read. If he smokes, he should abstain temporarily. Visitors, except for members of his immediate family, should be excluded. His family should be made to understand their part in preventing exertion on the patient's part.

2. *Routine laboratory tests* such as urinalysis, hemoglobin estimation, white blood cell count, sedimentation rate and prothrombin time are done.

3. Danilone or similar preparations are given after the initial prothrombin time has been checked. The dosage for these drugs varies from day to day according to the daily prothrombin time. The normal prothrombin time range is 13-15 seconds. In this instance the doctor may wish to keep it at a level of two and

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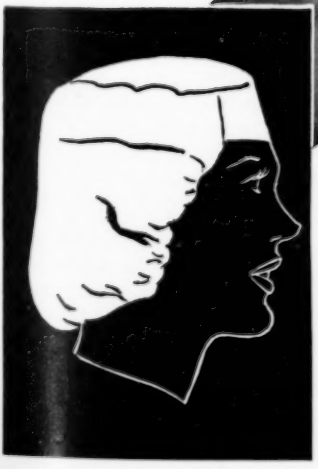

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one-half to three times the normal range.

4. *Temperature, pulse and blood pressure* readings are taken q.4.h. for 48 hours and then twice daily if readings are within normal limits.

5. A light, low-salt or salt-free *diet* is prescribed.

6. Passive leg *exercises* and leg massage are favored by some doctors.

7. Gravol suppositories may be used to *control the nausea and vomiting* not uncommonly associated with coronary thrombosis.

8. Preparations of phenobarbital may be helpful in *relaxing* a tense, restless, sleepless patient. Morphine helps to relieve pain and shock and allays anxiety.

9. *Oxygen* per nasal catheter may be particularly useful immediately on admission to relieve cyanosis. It may even be administered in the absence of cyanosis as a possible aid in blood vessel dilation, particularly at the site of injury.

10. *Constipation* should be avoided. Oil per rectum, suppositories, plain water enemas may be favored. Laxatives by mouth may be approved by other physicians.

11. After the first week of the very strict regime of care, the patient may be allowed to feed himself, amuse himself by reading as long as the book or newspaper is well-supported. If he has been accustomed to smoking and desires it, he may be allowed a limited number of cigarettes per day, e.g., one after each meal.

12. The sedimentation rate and electrocardiogram are repeated during the third week. If satisfactory the patient may be allowed up for a very short time — about 5 minutes. This interval is increased each day until the patient is up and about most of the day. Generally speaking the hospitalization period following coronary thrombosis is four to five weeks or longer.

There are certain exceptions or additions to the pattern as outlined.

1. In instances where the patient is particularly hard to handle or difficult to reason with, some of the restrictions may be modified at the doctor's discretion. For example, the patient may be allowed to smoke or read since enforcement of restrictions against such activity would be more upsetting than the activity itself.

2. In severe attacks when the blood pressure drop is very marked, Levophed may be administered in intravenous fluids. The blood pressure must be checked very frequently and the Levophed flow adjusted to maintain the blood pressure reading at the level determined by the doctor.

3. If the patient is nauseated and vomiting and thus unable to take Danilone or similar oral preparations, intravenous fluids containing Heparin may be substituted. The solution must be administered under very controlled conditions.

4. Should the patient suddenly suffer a repeat attack, oxygen may be administered immediately while waiting for medical assistance.

In 1931 only 10 per cent of the women with jobs in Canada were married, and in 1941, 13 per cent. By 1951, 30 per cent of the working women were married. Now the proportion is well over 40 per cent.

The report of a survey among married working women showed that on the average they have more education than those who do not work, but it also confirmed the fact that the percentage of married women in professional occupations is low. Thirty per cent had received vocational training of some kind — secretarial or stenographic training being most common, with nursing and teaching the choice of a smaller proportion.

The largest proportion of married women in the Survey earned $1000 to $1999. Women generally reach the peak of their incomes between ages 30-39. Married women generally, work to raise the family standard of living. Many had other reasons for working as well — to fill in their time, interest in the job, or need for self expression.

— Department of Labor, Canada.

* * *

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— *The Hearing Eye*

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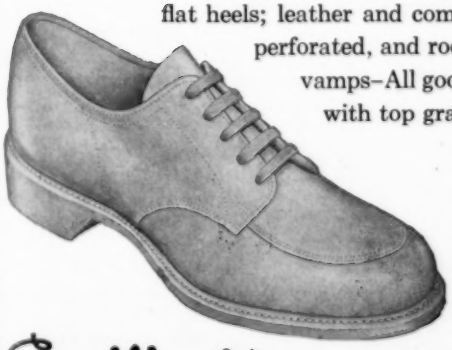

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RESEARCH

A Research Project in a Premature Nursery

GERTRUDE JONES

PURPOSE

A. To test a method of research in studying nursing activities in a premature nursery.

B. To determine the time consumed in giving nursing care to the average premature infant.

C. To improve knowledge and understanding of nursing procedures and activities carried out in the premature nursery.

D. To study nursing activities in a premature nursery.

BACKGROUND

A. *Where the study took place*:

This project took place in the premature nursery of the Calgary General Hospital which at the time of the study was supplying nursing care to 16 or 17 premature infants, varying in physical development and condition.

B. *Why the project was undertaken*:

Because premature infants need special care, questions had arisen many times such as:

a. Is the standard 4.0 nursing care hours per premature infant in 24 hours adequate to supply the care needed? In other words, does the hospital supply enough staff to allow a premature infant to receive adequate care?

b. How much time do various procedures take?

c. Are all nursing activities that are carried out in the premature nursery really essential?

d. Could beneficial use be made of auxiliary staff in the premature nursery?

It was to test a method of producing answers to these questions that the project was undertaken.

C. *Nursing hours available*:

Unfortunately, at the time the project was undertaken, the nurseries were experiencing a shortage in staff. A true account of the available nursing hours for the premature nursery was hard to estimate since head nurses and staff from other nurseries were required to give assistance in providing adequate nursing care in this unit.

D. *Nursing personnel involved*:

At present, the Calgary General Hospital staffs its premature nursery with registered nurses. Advanced intermediate and senior students rotate through the department but are not counted in staffing estimates.

METHODOLOGY

The nursing activities relative to one premature infant formed the basis of the methodology.

1. *Selection of infant*: It was decided that an average premature infant, without physical malformations or systemic complications, would be the selection of choice for this research study — that is, an infant born prior to its expected birth date and sufficiently underdeveloped physically in size and weight to be a characteristic premature infant.

In order to fulfill the above statement the following factors were considered:

a. That the weight be sufficiently below the standard borderline of five and one-half pounds to present definite characteristics of prematurity.

Miss Jones is a graduate of Calgary General Hospital. This study was carried out during her senior year as a student.

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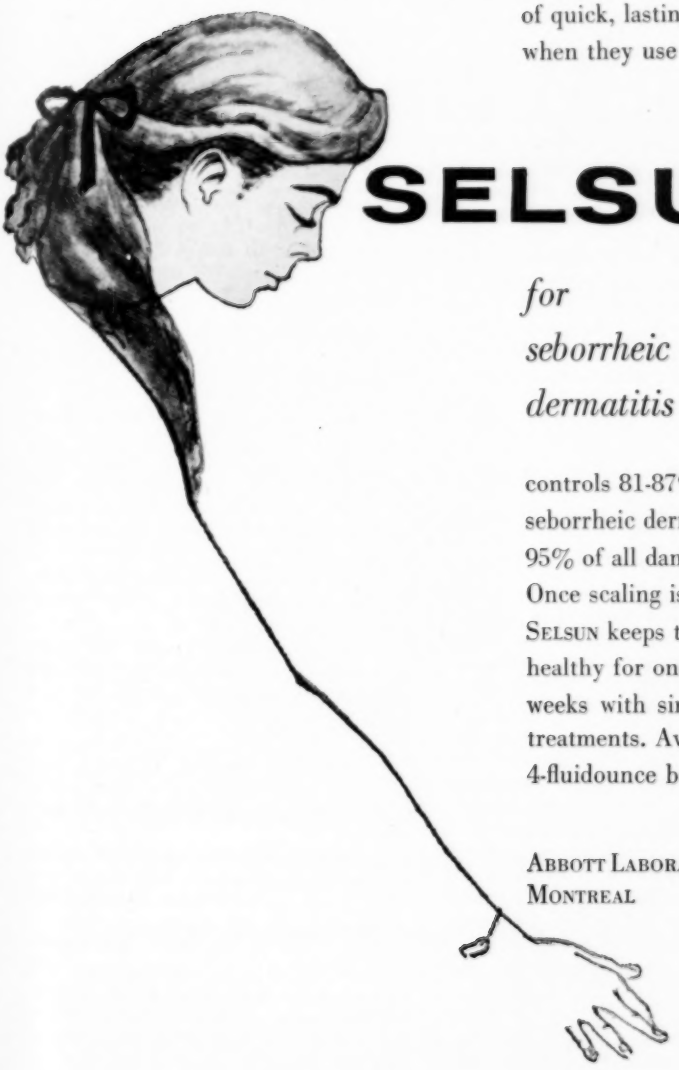

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b. That the baby be anatomically immature.

c. That the baby should have a somewhat slower pattern in his feeding regime, as most prematures do.

d. That the baby be one who is held and fed outside the incubator.

e. That no special treatments other than the usual be required by the baby.

f. That the baby be well enough advanced in age so as not to present problems encountered by newborn prematures in their early days of life.

2. *Observation periods*: It was decided that due to the inexperience of the observer, a series of one-half hour observation periods would possibly be more effective than longer periods. The observation time covered eight hours making a total of 16 one-half hour periods. It was also decided that the observation periods would be so divided that they would extend over a three-day span. During the project, the periods of observation were divided as follows:

1st day — five one-half hour observation periods

2nd day — five one-half hour observation periods

3rd day — six one-half hour observation periods.

3. *Technique for sampling observation periods*:

a. Sixteen tickets representing the one-half hour intervals between the hours of 8:00 A.M. and 4:00 P.M. were placed in a box, e.g. 8:00 A.M. to 8:30 A.M.; 8:30 A.M. to 9:00 A.M.

b. One ticket was removed from the box and the period of time indicated was recorded on a sheet of paper containing the figures one to 16, opposite number one. This ticket was then discarded.

c. The procedure was repeated removing only one ticket at a time until all tickets had been checked and each figure on the sheet had a time for observation opposite it.

d. Observation periods *one* to *five* inclusive were carried out during the first day of the project.

Observation periods *six* to *ten* inclusive were carried out during the second day.

Observation periods *11* to *16* inclusive were carried out during the third and last day.

The above technique makes impossible the duplication of observation periods.

4. *Technique for observation*:

a. Observation of all nursing activity related to a selected premature infant, using the same baby and the same observer throughout the project.

b. All activities were timed by means of a stop watch.

c. An observation chart made possible the recording of:

the time the nursing activity commenced

the level of staff administering the nursing care

the time consumed by each nursing activity

description of the activity.

d. At the top right hand corner of the observation chart was placed the census at the beginning of the observation period.

Limitations of the Study

A. The validity of this study is questioned as it covers only one eight-hour period and only one infant.

B. The observer was totally inexperienced which also affects the validity of the study since highly skilled and trained personnel are indicated for such a project.

C. No account of the available nursing hours during each period of observation was recorded.

D. Nursing activity areas were not defined clearly enough for accurate collection of data to determine the level of the activity.

Results of the Project

A. *Time consumed in nursing activities*:

1. From the data collected in the observation periods, it was found that the infant received no nursing care in five of the 16 periods.

2. A total of one hour, 48 minutes and 53 seconds of nursing care was observed in the observation periods. Of this amount, *direct* care accounted for a total of one hour, 26 minutes and 52 seconds, or 81.2 per cent of the total nursing activities. (Table I.)

A total of 21 minutes and 25 seconds or 19.7 per cent of the total nursing activities was contributed to indirect nursing care. (Table I.)

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TABLE I

Recorded in Minutes, Seconds and Percentages

Periods	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Indirect care	3:09	—	6:06	—	:41	:27	3:10	—	:34	:42	—	1:13	2:12	—	2:37	:36	21 min. 25 sec.
Per cent	2.9	—	5.1	—	.5	.4	3.1	—	.4	.5	—	1.3	1.9	—	2.2	.5	19.7
Direct care	4:56	—	—	—	20:02	—	8:53	—	14:44	—	—	16:01	1:32	—	5:46	14:58	1 hr. 26 min. 52 sec.
Per cent	4.4	—	—	—	19.7	—	8.1	—	13.6	—	—	15.3	1.3	—	5.2	13.6	81.2

3. A total of one hour, 14 minutes, and 13 seconds was contributed to feeding the baby, or approximately 67 per cent of the total nursing care.

4. The various nursing activities in which most time was consumed are indicated in Table II, in actual consumed time and the approximate percentage of the total nursing care.

B. *Educational value of the study*:

1. *Premature infant care*:

During observation periods there was an opportunity to view nursing procedures and general activities carried out by the nursing staff.

The observation of the care of infants in areas other than that of the selected baby was made possible when no nursing care was being given to the selected baby. It appeared that this observation of the nursery in general proved to be of most value in improving my knowledge and understanding of nursing activities in relation to premature infants. The reasons for this are as follows:

a. Larger scope for observation in relation to actual physical development of the infants resulting in the observation of various methods and procedures in nursing care to attempt to secure their survival.

b. During the periods when the selected baby was receiving nursing care, constant attentive observation of the time element of the activities and accurate recording of the data seemed to be of prime importance resulting in a limited absorption of the technique of the activity.

2. *Nursing research*:

There is no question as to the educational value of such a project — greater awareness of the need for research in nursing, in order to attain the highest standard in quantitative and qualitative nursing care for patients; an increase in knowledge of how nursing research is carried out.

TABLE II

Nursing Activity	*Time Consumed*	*Per cent*
Feeding	74 min. 13 sec.	67.2
Charting	9 min. 29 sec.	8.5
Diaper changing	4 min. 25 sec.	4.0
Temperature	2 min. 43 sec.	2.3
Sponge bath	2 min. 22 sec.	2.2
Changing linen	2 min. 46 sec.	2.3

Conclusions

A. *Nursing care of the infants*:

1. Time consumed in nursing activities of one premature infant without physical malformations or systemic complications, on the basis of this study, is 5.4 hours in 24 hours.

2. It would appear that the Calgary General Hospital does not supply a sufficient number of hours of nursing care for premature infants, when the present standard of nursing care hours is 4.0 hours in 24 hours.

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This is but one of many continuing research projects conducted by Gerber in the interest of better nutrition for infants.

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TODD, RICHARD H., M. D. ET AL. THE JOURNAL OF ALLERGY 28:436-448, 1957

3. The premature nursery, when the census is 16-17, depends on the department's supervisors and staff from other areas to provide adequate nursing care for its premature infants.

B. *Method of research*:

1. This method lacked a sufficient coverage of the 24-hour period of nursing activities and a sufficient number of infants involved, to be valid.

2. The areas and levels of nursing activities for the study lacked organization.

For the above reasons, it is justifiable to question the validity of this method of research for the premature nursery.

C. *Educational value*:

For the reasons stated previously, it can be concluded that this study has intensified my knowledge and understanding of premature infant care.

D. *Nursing activities*:

1. It can be concluded that 81.2 per cent of all nursing activities are contributed to direct nursing of the infant which demands staffing of the premature nursery with personnel who have knowledge and understanding of the care of premature infants.

2. It can be concluded that a large percentage of the time required in nursing of premature infants is the result of their feeding problems.

Recommendations

A. It is recommended that a more detailed study be made of the nursing activities and their time element in the premature nursery, over a longer period of time to include, at least, all periods of duty, more infants, a stable number of nursing hours, and a research committee of skilled personnel to be assured of high quality and quantity of organization and utmost validity.

B. On the basis of this limited study, it would appear that 5.4 hours of nursing care in 24 hours (excluding service given by supervisors) should be provided for the premature nursery.

C. It is evident that the premature nursery should continue to be staffed with personnel possessing knowledge and skill, in nursing premature infants, until a more valid account of the activities can be produced.

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1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

D. It is recommended that if the educational program of the Calgary General Hospital school of nursing permits, more students should be given the opportunity to conduct such a sampling of nursing research.

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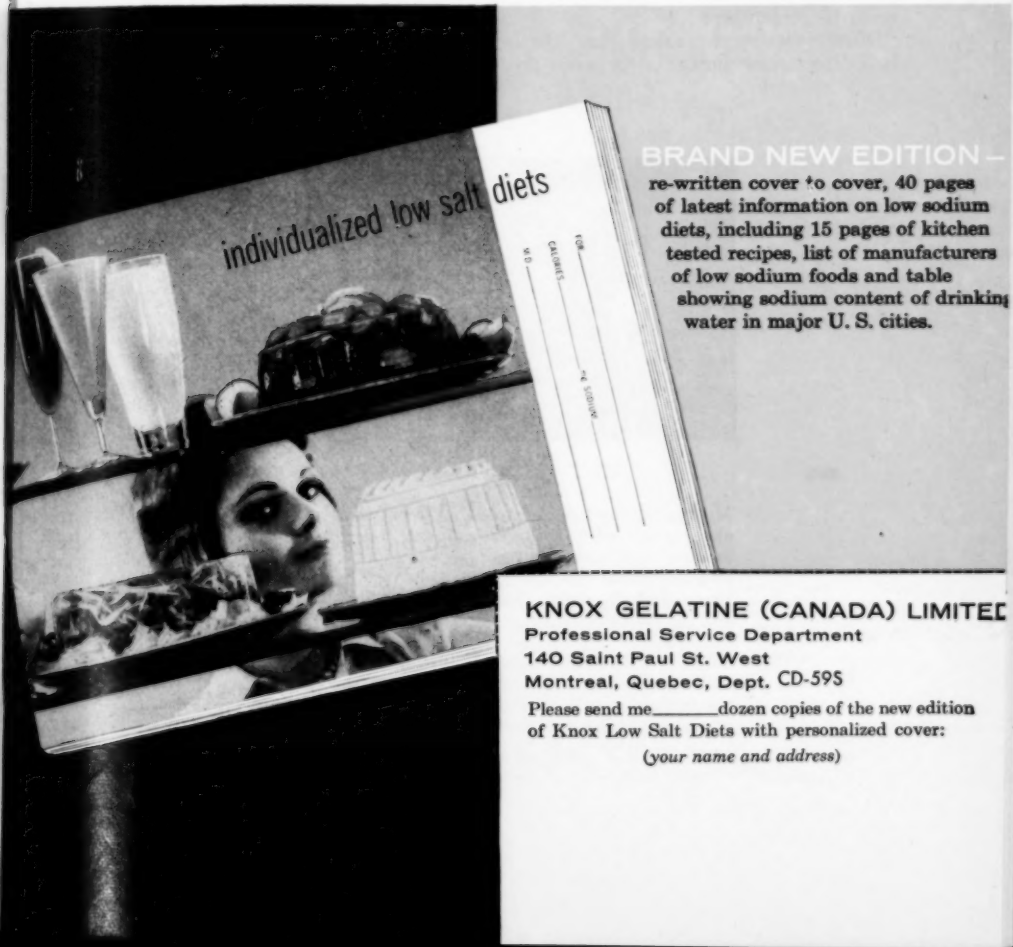
Cleft Lips and Palates

DOROTHY J. HILL

THE PREVALENCE of cleft lip and cleft palate is estimated to range from 1:1000 to 1:700 of the live births in our total population.

Miss Hill, a recent graduate of Montreal General Hospital, prepared this article during her pediatric affiliation.

A cleft lip always occurs on the upper lip and on one or both sides. Figures show that, in the children studied, the majority of clefts tend to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be left-sided. If the cleft is bilateral the premaxilla protrudes forward and is attached to the nasal septum. This gives the appearance of an isolated mass of tissue.

A cleft palate is a unilateral or bilateral fissure involving the hard or soft palate or both.

The cleft palate and lip may be classified as follows:

First degree: A small cleft or nick in the vermilion border of the lip, lateral to the mid-line, which may be unilateral or bilateral.

Second degree: A cleft in the lip which extends into the floor of the nose lateral to the mid-line and unilateral or bilateral.

Third degree: A cleft involving a) the lip and soft palate or b) the lip and both the soft and hard palate. The condition may be unilateral or bilateral in both instances.

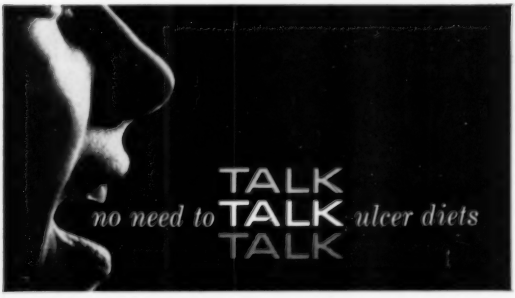
In caring for the child with a cleft palate several very important facts must be remembered.

First, we must realize that there is a direct communication between the oral and nasal cavities. For this reason extreme care is required when feeding the baby. The feeding must be given slowly with the child in an upright position, or aspiration of food or fluid may occur. No oily substances should be given since aspiration could cause lipoid pneumonia.

We must be sure that the child receives sufficient food to help him to gain and to maintain weight. For this reason an adequate supply of fats, carbohydrates and proteins should be given in the form of soups, eggnogs, milk shakes, etc. The child with a cleft lip or palate is characteristically underweight and should never be expected to gain at a normal rate.

Methods of feeding include:

1. The use of a cleft palate nipple which is a combination nipple and obturator. The obturator covers the opening in the child's palate while he sucks.
2. The use of a soft nipple with a large hole.
3. The use of a Brecht feeder. This is a glass syringe with a small nipple on one end and a rubber bulb on the



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1. Kirsner, J. B.: J.A.M.A. 166:1727, (April 5) 1958.

other. Gentle pressure on the bulb permits feeding to pass easily through the nipple and still gives the baby the satisfaction of sucking.

4. Training the child to drink from a medicine glass. A baby quickly learns to drink from this container. The child must be held upright and fed slowly.

The baby with a simple or first degree cleft lip may be fed as a normal baby with the assistance of a nipple with a large hole.

For a second degree cleft, a special feeder may be used. This consists of a 20 cc. syringe with a two-inch piece of No. 10 rubber tubing attached to the tip. The baby sucks on the tubing and is helped by very gentle pressure on the plunger of the syringe.

Infants with cleft lips start on solid foods at the same age as normal babies and can usually be kept well nourished. A spoon may be used to give solids at any time after one month. Care must be taken to keep the child upright during the feeding to prevent aspiration. Clear fluids should be given following milk feedings to keep the baby's mouth clean. Absorbent swabs may be used with sterile water to cleanse crevices. The exposed surfaces of the oral mucous membrane should be kept lubricated with a very small amount of liquid paraffin or vaseline. The prevention of upper respiratory infection is a major factor.

Cleft lips may be repaired when the child has reached eleven pounds in weight. Cleft palates are repaired at two years of age.

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HALIFAX 1960

The Program Takes Shape

ELIZABETH REED, Assistant Director-in-Chief, Victorian Order of Nurses for Canada, has been appointed chairman of the Program Committee for the 1960 Canadian Nurses' Association Biennial Meeting in Halifax, June 19-24.

The first Committee meeting was held in National Office in April. Already the outline of the program is taking shape. Information will be going forward to your provincial nursing association offices and for your annual meetings so that you may know what is planned for 1960.

One of the added attractions will be:

CNA Post-Convention European Tour

Plans are being developed for a post-convention tour to Great Britain and Europe leaving by air on June 25, the Saturday following the convention. The tour will last approximately one month and will include observation visits to hospitals and health agencies in Scotland and England and a visit to W.H.O. in Geneva. The tour will also include France, Belgium, Holland, Germany and Italy.

Thos. Cook & Son has been appointed official tour organizer and a detailed plan of the tour will be included in the June issue.

Plan now to enjoy an exciting European visit combined with an opportunity to enhance your professional experience through planned observational visits — an experience you will long remember.

Canadian nurses, who assisted in the planning for the Study Tour for British nurses organized by the CNA, and the British nurses themselves have all expressed the hope that a similar tour could be planned for Canadian nurses.

The tour is planned, we await your applications, and can assure you that a warm welcome awaits you.

Canadian Hospital Association Annual Meeting

The CNA has been invited to plan and participate in a session at the Annual Meeting of the CHA, May 11, 12, 13, in Montreal.

Present and future trends in nursing will be discussed by representatives of the CNA and the medical profession. The CNA is pleased to take part in this program and appreciative of the invitation to do so.

I.C.N. Board of Directors, Helsinki, Finland

ALICE GIRARD, CNA President and PEARL STIVER, General Secretary, will sail from New York June 24th for Helsinki, to attend the Board of Directors Meeting of the International Council of Nurses, July 6, 7, 8, 1959.

Held every two years, this meeting of the Board will plan for the ICN Congress to be held in Melbourne, Australia in 1961.

International Essay Competition

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(If Swift's new Meat Dinners are not in your area yet, they will be very soon.)

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FOR YOUR CONVENIENCE, HERE IS A LIST OF ALL SWIFT'S MEATS FOR BABIES. (Most are also available in chopped form for older babies.)

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon

Beef Dinners • Chicken Dinners • Veal Dinners • Lamb Dinners • Ham Dinners

Swift

To Serve Your Family Better

scribed on page 62 of the January issue — the closing date for Canadian entries is **May 15, 1959.**

Program Launched to Develop Civil Defence Content for Nursing Education Programs in the United States

With a grant of $80,000 from the Office of Civil Defence Mobilization, the National League for Nursing has initiated a project to demonstrate ways of preparing nurses for mass casualty care and other nursing roles in civil defense.

The objective is to determine curriculum content needed for all types of nursing education programs, including in-service education programs in hospitals. Demonstrations will be carried out in three colleges offering definite types of nursing education programs and in one civilian hospital.

Massachusetts General Hospital, Boston, will develop content in disaster nursing for diploma and in-service education programs. Skidmore College, Department of Nursing, New York, will work on content for basic baccalaureate programs, and Teachers College, Columbia University will work on content for advanced nursing education programs.

Curriculum content for basic collegiate and practical nursing education programs will be developed at the University of Minnesota, Minneapolis. The 18-month project is an initial step in preparing a plan for nursing education in national defense.

Miss EVELYN PEPPER, Nursing Consultant, Federal Civil Defence Health Services, Ottawa, and Miss THELMA GREEN, Nursing Consultant, Civil Defence, Ontario, were guests at a recent session of the Advisory Committee of this Nursing Education Research Project, held in Battle Creek, Michigan.

CNA House Committee

Miss MILDRED WALKER, Senior Nursing Consultant, Occupational Health Division, Ottawa, has been appointed Chairman of the CNA House Committee set up to investigate the purchase or building of a CNA National headquarters.

Five provincial nurses' associations have now built their own headquarters and a sixth has building plans under way. It is time indeed to think of a permanent headquarters for the CNA.

CNA Retirement Plan

The news that Plan "B" has been expanded to include other members of staff where one or more CNA members are employed has been released by the *Journal* in the April issue. This will be described in greater detail in June. This matter will be of interest to all nurses in hospitals or other agencies considering a pension plan for their employees.

How can our membership become aware quickly and thoroughly of the excellent benefits available to them through our CNA Retirement Plan?

1. *Speakers* —
   For Provincial Meetings — a Canadian Nurses' Association representative or a representative of the National Life Assurance Company or Royal Trust Company will be available on request.
   For District or Chapter Meetings — the same representatives will be pleased to attend if at all possible.
   For Hospital or Other Organizational Staff Meetings — the National Life Assurance Company will definitely provide a consultant.
2. *Exhibits* —
   An exhibit is available for display at all provincial annual meetings upon request.
3. *Speakers' Kits* —
   These kits are being prepared for distribution to chapters and districts to assist in promotion by their own members. They can also be distributed by the speaker to other interested groups following the introduction to and explanation of the Plan.
   Content of the Kit —
   Pension Booklet
   A.B.C. of the Pension Plan
   A chart showing where your money goes and how it grows
   Certificates you would receive
   Comparison with other Plans
   Speaker's outline of the procedure of the Plan.

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Plan which is second to none. Therefore, it is our responsibility to inform our members of its possibilities for their ultimate security in the future.

It is OUR Plan and the success of it depends upon OUR efforts.

Le Nursing à travers le pays

Le programme se dessine

La convocatrice du Comité du Programme du prochain congrès biennal de l'A.I.C. qui aura lieu à Halifax du 19 au 24 juin 1960 a été nommée, en la personne de Mlle ELIZABETH REED, adjointe de la directrice en chef du Victorian Order of Nurses.

Le Comité s'est réuni pour la première fois au Secrétariat national en avril et le programme fut tracé dans ses grandes lignes. Les renseignements à ce sujet seront adressés aux associations provinciales afin de leur permettre de renseigner leurs membres, lors de leurs assemblées annuelles, sur ce que l'on projette pour 1960.

Voyage en Europe après le congrès

L'un des projets les plus attrayants est un voyage en Europe qui aura lieu aussitôt après le congrès. En effet, l'on est à faire les plans d'organisation de ce voyage par avion pour le samedi 25 juin. Le voyage durerait environ un mois et comprendrait la visite de divers hôpitaux et organismes de santé en Ecosse et en Angleterre ainsi qu'à l'Organisation Mondiale de Santé, à Genève, Suisse. L'on visitera aussi les pays suivants: France, Belgique, Hollande, Allemagne et Italie.

Le voyage sera sous la direction de la firme Thomas Cook & Son et tous les détails seront donnés dans le numéro de juin prochain.

Il s'agit dès maintenant de compter sur le projet d'un voyage en Europe et sur la perspective d'enrichir l'expérience professionnelle par d'intéressantes visites d'observation.

Les infirmières canadiennes qui ont collaboré à la préparation du voyage d'étude des infirmières britanniques, organisé par l'A.I.C. et les infirmières britanniques elles-mêmes, souhaiteraient qu'un voyage semblable fut organisé au bénéfice des infirmières canadiennes.

Ce voyage est en voie d'organisation. Nous attendons les inscriptions des infirmières et pouvons les assurer de bonne réception.

Assemblée annuelle de l'Association des Hôpitaux Canadiens

L'Association des Infirmières canadiennes a été invitée à participer à l'assemblée annuelle de l'Association des Hôpitaux canadiens qui aura lieu à Montréal les 11, 12 et 13 mai.

Les tendances actuelles et futures du nursing feront l'objet des délibérations par des représentantes de l'A.I.C. et des membres de la profession médicale. L'A.I.C. est heureuse de participer à ce programme d'envergure et apprécie vivement cette invitation.

Conseil International des Infirmières, Bureau de direction

Mlle ALICE GIRARD, présidente de l'A.I.C. et Mlle PEARL STIVER, secrétaire-générale, partiront de New York le 24 juin prochain pour Helsinky, Finlande où elles assisteront à l'assemblée du Bureau de direction du Conseil International des Infirmières, qui sera tenue du 6 au 8 juillet 1959. Cette réunion, qui a lieu tous les deux ans, a pour but de préparer le Congrès International des Infirmières; le prochain congrès aura lieu en 1961 à Melbourne, Australie.

Concours international — Dissertation sur l'Ethique

Nous désirons rappeler à celles qui participent au concours lancé par le Conseil International des Infirmières, (voir page 62 du numéro de janvier), que la date finale pour les envois du Canada est le 15 mai 1959.

Programme lancé aux Etats-Unis pour le développement de l'Enseignement de la Défense Civile parmi les infirmières

Un octroi de $80,000 a été accordé à la "National League for Nursing" par la Défense civile américaine pour l'inauguration d'un projet servant à démontrer par quels moyens l'on peut préparer les infirmières à donner des soins en cas de désastre général.

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who feels better because his symptoms are under constant control and who is happier because he is not required to swallow pills 3 or 4 times a day.

the NURSE

who finds that the time-consuming routine of drug administration has been greatly simplified because 'Spansule' therapy replaces 2, 3 and even 4 rounds of ordinary oral medication.

the DOCTOR

who knows that the patient is receiving prolonged, continuous medication, with less chance of symptomatic "break-through" between doses, and, where rest is important, with fewer annoying interruptions.

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Le but de cette expérience est de déterminer ce que doit comprendre à ce sujet tout programme d'éducation en nursing: écoles d'infirmières, éducation du personnel, etc. Des démonstrations seront faites dans trois collèges qui offrent des types définis de programmes d'éducation en nursing de même que dans un hôpital civil. Le Massachusetts General Hospital préparera le programme destiné aux étudiantes d'écoles d'infirmières et aux infirmières en service. Au Skidmore College, division du nursing, l'on rédigera un programme s'adressant aux étudiantes inscrites au cours de base conduisant au baccalauréat, et Teachers College de l'Université Columbia, s'occupera du programme destiné aux étudiantes des cours supérieurs, qui se destinent à l'enseignement.

A l'Université du Minnesota, Minneapolis, l'on préparera le programme destiné aux étudiantes qui font leur cours en partie au collège et en partie à l'hôpital, ainsi qu'au programme des auxiliaires en nursing.

Ce projet qui s'échelonnera sur une période de 18 mois, est le premier pas dans l'élaboration d'un programme de nursing dans la Défense civile.

Mlle Evelyne Pepper, consultante en nursing à la Division de la Défense civile nationale à Ottawa et Mlle Thelma Green, consultante en nursing à la Défense civile d'Ontario, furent invitées à une réunion du Comité consultatif du Projet de Recherche en Education en Nursing, qui était tenue à Battle Creek, Michigan.

Comité du Logement de l'A.I.C.

Mlle Mildred Walker, consultante, division de la Thérapie d'occupation, Ottawa, a été nommée convocatrice du Comité du logement de l'A.I.C. qui a pour but de renseigner sur les possibilités d'acheter un édifice pouvant loger le Secrétariat national.

Dans cinq provinces les Associations d'infirmières logent dans des édifices qu'elles ont acquis, et une autre province aura bientôt aussi sa propre maison. Il est temps de penser à une propriété pour les quartiers généraux de l'A.I.C.

Le Plan de Pension de l'A.I.C.

La nouvelle que le plan "B" permet d'inclure les autres membres du personnel travaillant avec un membre ou plus de l'A.I.C., a été publiée dans le numéro d'avril. Nous donnerons plus de détails à ce sujet dans le numéro de juin. Cette question est d'un intérêt articulier pour les infirmières des hôpitaux et d'autres institutions qui désirent faire bénéficier leurs employés d'un plan de pension.

De quelle façon nos membres peuvent-ils être bien renseignés au sujet des bénéfices que peut leur procurer le plan de retraite de l'A.I.C.?

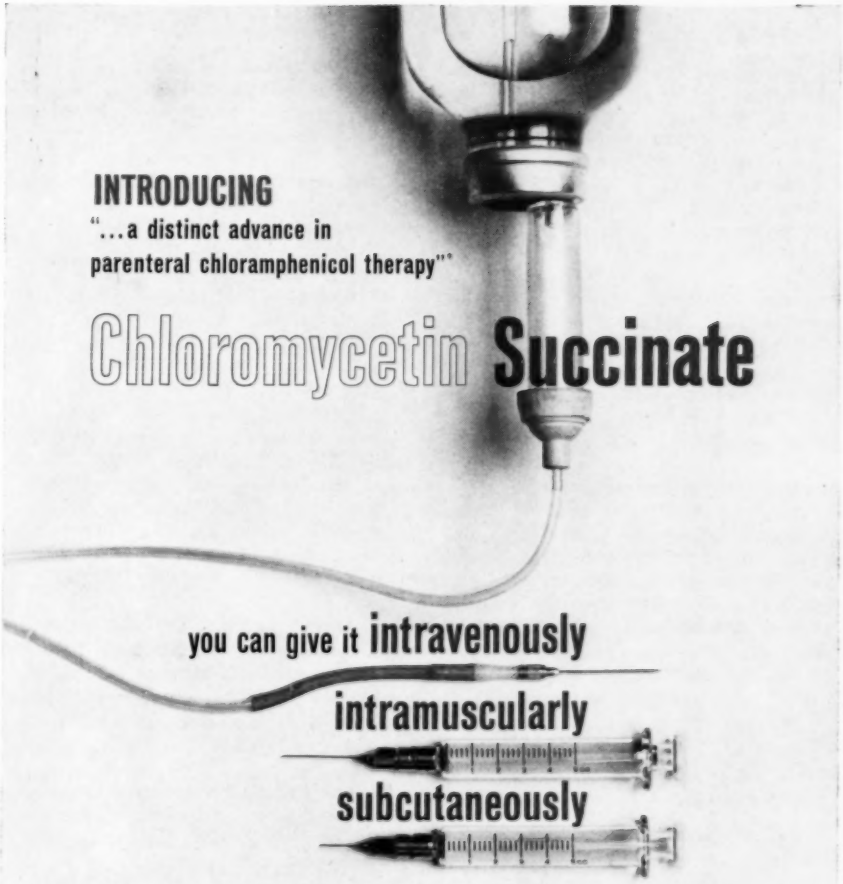
Par les moyens suivants:

1. Conférences —
   Aux assemblées provinciales — Une représentante de l'A.I.C. ou de la Compagnie d'Assurance National Life ou du Royal Trust sera envoyée, sur demande.
   Aux assemblées des Associations de districts — Les mêmes représentantes pourront s'y rendre si la chose est possible.
   Aux hôpitaux et autres institutions— Réunions du personnel — La National Life y enverra sûrement un représentant.
2. Exhibits —
   Un exhibit est à la disposition des associations provinciales pour leurs assemblées annuelles, et sera envoyé sur demande.
3. Notes pour les conférencières —
   Ces notes ont été préparées pour les associations de districts et chapitres afin de permettre à leurs propres membres de collaborer à ce mouvement de publicité. Ils peuvent aussi être distribués à d'autres groupes par les conférencières qui en auront expliqué le plan.
   Que contiennent ces notes? —
   —Livret sur le plan de retraite
   —A.B.C. du plan de retraite
   —Un diagramme illustrant où va l'argent versé et comment on le fait profiter
   —Exemplaire du certificat qui sera remis
   —Comparaison avec les autres plans de retraite
   —Exposé du conférencier sur le fonctionnement du Plan de retraite.

Ce n'est qu'après plusieurs années d'intensives recherches que l'A.I.C. fut en mesure de vous présenter son Plan de retraite qui ne le cède en rien à aucun. C'est donc un devoir pour nous de renseigner nos membres sur les avantages de ce plan et sur les possibilités de parer à toute éventualité au point de vue sécurité.

C'est *notre* plan et son succès dépend de *nos* efforts.

Canada's death rate hit an all-time low during 1958 of 7.9 per 1000 population. The previous low of 8.1 was registered in 1954. — Metropolitan Information Service.



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*Ross, S.; Puig, J. R., & Zaremba, E. A., in Welch, H., & Martí-Ibañez, F.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 817.

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In Memoriam

Gladys (Coulter) Adams who graduated from St. Michael's Hospital, Toronto in 1925, died on December 20, 1958. She had engaged in private nursing.

* * *

Dora Alyward, a graduate of St. Michael's Hospital, Toronto in 1913, died on July 7, 1958. Her professional career had been spent in private nursing.

* * *

Mary (Ballah) Cohoon, a graduate of Amasa Wood Hospital, St. Thomas, Ont. in 1919, died on September 19, 1958.

* * *

Edith Deshaies, diplômée de St.-Jean-de-Dieu, est décédée à Montréal le 4 mars de cette année.

* * *

Rose Desrosiers est décédée en fin de janvier dernier après une assez courte maladie. Diplômée de l'Hôpital Notre-Dame, Montréal, en 1926 elle était attachée depuis plusieurs années à la clinique dermatologique de la même institution, apportant à l'exécution de son service les qualités amplifiées par l'expérience d'une vocation intelligente et sentie, et d'un don de soi constant.

* * *

Blanche (Slipp) Dougan, a graduate of Victoria Public Hospital, Fredericton in 1906, died in February, 1959 after a long illness.

* * *

Irene (McGurk) Dunbar, a graduate of St. Michael's Hospital in 1923, died on August 5, 1958.

* * *

Viola Dyer, a graduate from the Public General Hospital, Chatham, Ont. in 1916, died recently after a long illness. She had engaged in private nursing for 35 years and for a short time was assistant superintendent of the hospital.

* * *

Monica Gallagher who graduated from St. Michael's Hospital, Toronto in 1936 died on September 14, 1958. She had engaged in private nursing for some time and later had done staff nursing at Christie Street Hospital and Sunnybrook Hospital.

* * *

Marjorie E. Gregg who graduated from Memorial Hospital, St. Thomas in 1931 died recently in Whittier, California. At the time of her death she was dean of women and instructor in sociology at Whittier College.

Caroline Hornsby, a graduate of Toronto Western Hospital in 1911, died in January, 1959. Her professional life had been devoted to private nursing.

* * *

Joan (Bakke) Jackson, a 1958 graduate of St. Michael's Hospital, Toronto, died on December 25, 1958.

* * *

Jean Elizabeth McNee, a graduate of the Royal Alexandra Hospital, Edmonton in 1916, died on April 11, 1958. She served as a nursing sister overseas in World War I and upon her return obtained her Bachelor of Science degree and later her Master's degree from Columbia University, New York. She had done public health nursing at Coldwater, Michigan under the Kellogg Foundation before joining the staff of Peabody College, Nashville, Tennesee as assistant professor in nursing education. At the time of her death she was on the staff of Kaiser Richmond Hospital, Berkeley, Calif.

* * *

Margaret N. (Dibble) Rafuse who graduated from the General Hospital, Newport, Rhode Island died recently in Bridgewater, N.S. She had served as a nursing sister with the Canadian army in France during World War I.

* * *

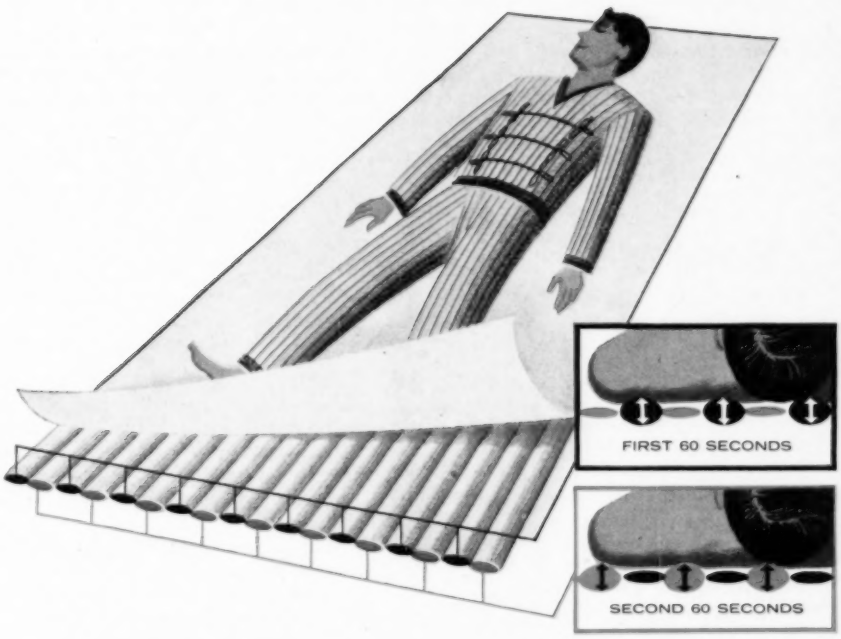
Teresa Carroll Rolston, who graduated from St. Michael's Hospital, Toronto in 1918, died June 27, 1958. She had spent her professional life in private nursing.

* * *

Margaret (Cullen) Shierson, a graduate of St. Michael's Hospital, Toronto in 1932, died on September 26, 1958.

* * *

A l'Hôtel-Dieu de Montréal, après plusieurs mois de maladie vient de mourir **Soeur Juliette Barcelo**, r.h.s.j. Née dans le Québec, bachelière es art *cum laude*, et diplômée de l'Hôtel-Dieu, Soeur Barcelo prit charge du service des laboratoires jusqu'en 1933, date où elle fut nommée supérieure à l'hôpital Notre-Dame de Biddeford, Maine. Son penchant pour la diététique thérapeutique la poussa à obtenir au Collège de Ste-Thérèse à Winona, Minnesota, le baccalauréat es science en se spécialisant en nutrition. Revenue à l'Hôtel-Dieu, devint responsable du département de la diététique, tout en continuant de suivre des cours d'anatomie pathologique et de pharmacie. Elle était



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membre actif des associations de diététique, canadienne et américaine. Plusieurs années aussi et jusqu'à la fin, elle était dignitaire à l'exécutif du district no. XI et de l'association provinciale. Recherchée pour son abord calme et simple, elle avait le sens de l'humour, tout en apportant par son dévouement inlassable le bagage de ses connaissances multiples.

* * *

Edna (Fraser) Visalia, a graduate of a Canadian hospital, died February 20, 1959. She had nursed on the staff of the Southern Pacific Hospital, San Francisco.

Mongolism

WINNIFRED NELSON

LITTLE DID I REALIZE, when I started my pediatric night term, that I could become so attached to a little unfortunate bundle that medical authorities had classed as a Mongolian idiot.

André was the first child in a well-to-do farming family. His mother, then 22 years old, had had no serious illnesses, although she had some difficulty when she became pregnant for the first time. During the first month of that pregnancy she was admitted to hospital with the diagnosis of hyperemesis gravidarum. This soon subsided and she progressed satisfactorily until the sixth month when she began to complain of excessive swelling of her hands and feet, and a feeling of generalized numbness. She was advised to restrict her salt intake and was given thiamine chloride 10 mgm. t.i.d., p.c. and Betalin complex 2 cc. intramuscularly for six doses.

Thiamine chloride or vitamin B is needed for the normal functioning of the nervous, cardiovascular and digestive systems. Adults require approximately 1 mg. of thiamine chloride daily and the need is increased during pregnancy and lactation. It is stored in the body — chiefly in the liver, brain, kidney and heart. Betalin complex is used in vitamin depletion states and particularly in conditions in which absorption from the gastrointestinal tract is likely to be impaired.

The expected date of confinement was July 29, but André was delivered on the night of July 20. His mother was in labor for 16 hours.

Miss Nelson is a graduate of Archer Memorial Hospital, Lamont, Alta.

André's father, who was 27 years old, was always small as a child and did not eat well. When he was 13 he was suspected of having pulmonary tuberculosis but chest x-rays proved negative. He has never had any serious illnesses.

The parents were deeply religious. On several occasions, they were visited at their son's bedside by their priest and the hospital visitor who gave them the help and encouragement they needed to face their ordeal. They loved their eight-month old son dearly.

CAUSE OF THE CONDITION

Many conditions have been held responsible for Mongolism. Tuberculosis, neuropathy, alcoholism, syphilis, hydrocephalus, meningitis and typhoid fever in the parents have all been considered. Some think that the Mongoloid anomaly might have its origin in attempted abortion which injures the germ plasm. Another widely accepted theory is that these babies are exhaustion products from long deliveries or from a mother who is nearly at the end of her childbearing period. This idea stems from the fact that Mongoloids are often found at the end of a large family. Several cases of twins where one has been Mongolian have been reported. The healthy twin might be of the same or opposite sex. The problem of the causation of Mongolism has yet to be solved.

The parents usually question the physician concerning the condition of further progeny. What stand should he take? A recurrence of Mongolism in a family has been repeatedly ob-

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Amid the busy bustle of the workaday grind,
there is nothing quite so welcome
as the quick refreshment and lift in ice-cold Coca-Cola.

served. (André's father had an aunt with a Mongolian child). Nevertheless this tends to occur rather infrequently. Although hereditary factors are obviously recessive in this condition the fact still remains that even healthy children of parents with a Mongoloid child may be latent carriers of a Mongoloid genotype, in spite of the fact that they themselves are, or appear to be completely normal. Marriage between such individuals would produce greater danger of Mongolism in later descendants. This danger is particularly threatening in marriages between relatives with a history of Mongolism in the family.

Signs and Symptoms

Mongolism is not a progressive ailment, a disease process, but a form of general congenital anomaly of mind and body present at birth. Its signs and symptoms are marked and many. André possessed a number of them.

His eyes had the typical slanting position and slit-like form of the lid opening which gave his face its Mongoloid appearance. His nose was like a button, the dorsum flattened and greatly depressed. Along with his facial features went the characteristic brachycephalic skull formation, a large tongue, and a hyperflexibility of his joints due to flabbiness of the articular ligaments. His skin was flexible and soft, but sometimes dry facial eczemas would present a problem. The shape of André's cranium manifested a remarkable constancy to the classical picture. The small broad head was fixed on a short neck. The longitudinal diameter of the head was shortened, the occipital area sloped sharply and the entire circumference was decreased. As with most of these children André's favorite way of lying was flat on his back in the frog position. As well as possessing the characteristic Mongoloid features, André had a tetralogy of Fallot manifested by its four cardinal signs — pulmonary stenosis, deviated cardiac septum, interventricular defect and right ventricular hypertrophy. There was also a possible diagnosis of cystic fibrosis of his pancreas based on the fact that he had almost constant diarrhea.

After his fifth month of life, André began to have periods when he would be very cyanotic and a definite murmur could be heard in his chest. During his last few days, he was covered with small, dark red spots which may have been caused by anoxia from his congested lungs and weakening heart. He was, as are most Mongolians, very susceptible to infection and spent most of his short life in hospital.

In the older Mongoloid child the following additional signs may be noted. Eruption of the teeth is usually retarded and they are of abnormal form. The extremities are characterized by certain abnormalities of growth such as unusually plump hands and feet. Because of the small metacarpal bones and phalanges, the short slender proportion of the long medullated bones, the laxness of all joints, a very wide range of active and passive movements is possible. Defects in hearing are not common, but blepharitis in a chronic form is often found. The outer ear is almost never without certain malformations. Small auricles, absence of normal outlines, adherence of the lobes of the ears to the skull, and difference in size between the two ears are common anomalies.

The genitalia are frequently infantile. Phimosis and cryptorchidism are often present. The pubic hair appears late and is sparse. In all cases walking and standing are attempted much later than normally, and even sitting up and holding up the head occurs many months later than in the normal child. Speech is delayed and in most cases is guttural, indistinct and often limited. In the worst cases, the child can hardly talk at all.

In disposition, the Mongoloid child is bright, lively, imitative and affectionate. He shares with other mental defectives a fondness for rhythmic musical sounds. Mentally, most Mongoloids are idiots or imbeciles, but some can be taught to read and write. Their mental age, however, as opposed to their real or chronological age, rarely exceeds five.

Nursing Care

In André's general nursing care, very particular attention had to be paid to avoiding the possibility of cross-infection from other children in

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the ward. To help prevent this, we kept André apart from the others. Because he naturally assumed the frog position, his mother had not turned him as she should have and his head was very flat at the back. To try to correct this condition we placed him in a prone position whenever possible. An oxygen tent was used to relieve his dyspnea.

André was fed a milk formula q. 4 h. along with rice pablum and other baby foods, all of which he took very slowly, with encouragement. He did not gain as he should have. His birth weight was 7 pounds 1½ ounces, and at the time of his death he weighed 11 pounds, one half ounce. His temperature range was wide — from 103° with an acute infection which he developed, to a point so low that the thermometer would not register.

Treatment

Zinc oxide was applied b.i.d. to the eczematous areas on André's face. This is a soothing preparation containing 20 per cent zinc oxide in a base of liquid petrolatum and white ointment. He received penicillin forte 200,000 units q.a.m. for seven doses. Penicillin is bacteriostatic in a large variety of infections. In some instances it may be bactericidal. Its exact mode of action is uncertain. The child's infection, however, did not respond to penicillin so he was placed on intramuscular achromycin 20 mgm. q. 6 h. for a total of six doses. This succeeded in controlling his infection and his temperature. Achromycin is a crystalline antibiotic prepared by a chemical treatment of aureomycin. It is also a broad spectrum antibiotic. In some cases it may cause gastrointestinal side effects and urticaria.

Even with this intensive care André did not survive for long. As he lay in an oxygen tent one night, André slipped quietly away.

How Hospital Personnel Feel about Nursing Care

W. Schweisheimer, M.D.

There are always a good many patients who complain that they were not given the care in hospital that they had expected. Surprisingly there are many hospital personnel — doctors, nurses and administrators — who also look critically at the nursing care in their institutions.

This was seen from an excellent survey conducted by the American Public Health Service and the American Hospital Association. In this study approximately 9,000 patients in 60 general hospitals were polled regarding omissions in nursing care that occurred during their stay. Furthermore, about 10,000 administrators, doctors and nurses were polled about their experiences and thoughts regarding patient care in hospitals. Faye F. Abdellah, chief of the nursing education branch, and Eugene Levine, chief of the research statistics branch, Division of Nursing Resources, Department of Health, Education, and Welfare in Washington, D.C., have studied the results of the extensive poll and published an interesting report.

Dr. Schweisheimer resides in Rye, New York.

Results of the Study

The first finding was that hospital personnel reported three to four times more unfulfilled patient needs on their check lists than the patients did. This may be due to the fact that in filling out their check lists the personnel were concerned with *all* of the patients under their care, while the patient's check list reflected only his own care.

Of the hospital personnel, nursing administrators, supervisors and head nurses reported the highest number of unfulfilled needs, while doctors reported the smallest number.

A selection of helpful texts on varied nursing activities

Brown — Medical and Surgical Nursing II

New!—This is the first textbook in medical and surgical nursing care written exclusively for the junior and senior student. It covers all phases of the field, such as: communicable disease nursing, medical emergencies, surgical emergencies, orthopedic nursing, medical and surgical neurology, dermatology, burns and skin grafts, gynecologic nursing, urologic nursing, eye, ear, nose and throat nursing. Emphasis is on spiritual aspects of nursing care, psychological aspects and rehabilitation. The book is richly illustrated to stimulate student interest.

By Amy Frances Brown, R.N., B.Ed., M.S. in N., Ph.D., Instructor in Medical Nursing and in Special Inservice Program, Moline Public Hospital, Moline, Illinois. About 872 pages with 384 illustrations. About 8.25.
New—Just Ready!

Montag and Swenson — Fundamentals in Nursing Care

New (3rd) Edition!—In this practical text, emphasis is placed on total care for all patients, whatever the diagnosis, degree of illness or age. A new chapter covers surgical dressings. Chapters on *medical asepsis* and *discharge of the patient* are completely rewritten. Over 30 new discussions cover such topics as: opportunities in nursing — diabetes mellitus — fluoridation — radioactive iodine — rehabilitation — clinitest — sedative pack — nasal catheters — etc.

By Mildred L. Montag, Ed.D., R.N., Professor of Nursing Education, Teachers College, Columbia University; and Ruth Stewart Swenson, M.A., R.N., Director, Associate Degree Program in Nursing, Weber College, Ogden, Utah. (formerly Montag & Filson's Nursing Arts). 581 pages with 148 illustrations. $5.00.
New (3rd) Edition!

Wright and Montag — Pharmacology and Therapeutics

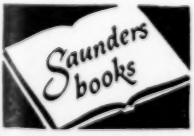
New (7th) Edition!—Presented clearly and concisely, here are all the facts the student should know about important drugs: actions, characteristics, methods of administration, preparation, storage, dosage and toxicity. There is a new chapter on drugs affecting acid-base, water, electrolyte and nutritional balance of the body. Material on *Drugs and Solutions*, published under separate cover for several editions, has been reincorporated into the text.

By Harold N. Wright, M.S., Ph.D., Professor of Pharmacology, University of Minnesota; and Mildred Montag, Ed.D., R.N., Professor of Nursing Education, Columbia University, formerly Director, Adelphi College School of Nursing. About 490 pages, illustrated. About $5.50. *New (7th) Edition!—Just Ready!*

Jamieson, Sewall and Gjertson — Trends in Nursing History

New (5th) Edition!—Here is a fascinating presentation of the social, political and religious backgrounds which influenced the nursing profession. A new chapter of particular interest to the student nurse covers "Modern Nursing Careers." 50 new illustrations are included.

By the late Elizabeth Marion Jamieson, B.A., R.N.; Mary Sewall, formerly Director of Nursing Education, Methodist Hospital of Southern California, Los Angeles; and Lucille S. Gjertson, R.N., B.S., M.A., Science Instructor, Saint Francis Memorial Hospital School of Nursing, San Francisco. 522 pages with 117 illustrations. $5.00. *New (5th) Edition!*



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SCORE BY AGE OF PARTICIPANT

	Under 20	*20-29*	*30-39*	*40-49*	*50-59*	*60 and over*
Doctors	—	39.0	30.2	23.3	16.8	15.3
Nursing administrators, supervisors, head nurses, instructors	—	56.9	50.0	42.6	45.1	36.2
Professional staff nurses	—	54.0	42.2	32.9	26.1	28.2
Practical nurses	39.4	43.0	34.0	31.3	27.7	19.1
Nursing aides and orderlies	36.7	33.6	27.0	25.4	24.1	19.6

Of particular interest was the discovery that the number of unfulfilled needs mentioned in the check lists decreased as the ages of the participants rose. Doctors under 30 years of age, for example, had scores more than twice as high as doctors over 60. In fact, for each type of hospital personnel, the scores of those under 30 were two or three times higher than those aged 60 and over. The details can be seen from the accompanying table.

COMPLAINTS BY PERSONNEL AND PATIENTS

Many unfulfilled needs reported by patients were also reported by hospital personnel. The *noise* in hospital rooms and corridors was the annoyance mentioned most frequently by both groups. Much of the noise made by the patients could be reduced, it was felt, by grouping them according to severity of illness. Other similarities of reporting by patients and personnel related to cold food being served, awakening patients too early, and poor ventilation in rooms.

There was agreement among various groups that nurses have too much work to do. This observation came from hospital administrators and doctors as well as nurses. Lights not being answered, and patients getting out of bed against orders to take care of their own needs were reported very frequently by all personnel as a result.

Each category of hospital personnel had its own particular concerns. For example, hospital and nursing administrators were concerned with the general problems of staffing. Part-time help was considered essential, but it presented many difficulties in orientation, supervision, and training. The hospital administrators, supervisors, head nurses and instructors listed as major problems: the lack of information that nurses had about their patients; the failure of doctors to communicate patients' needs to nurses; the interference with treatment of medications through the presence of visitors.

Doctors felt that nurses were overburdened with "bookkeeping" and had too little time to spend with their patients. Many doctors said that nurses had no time to "nurse." One doctor expressed it this way:

> It is my feeling that nurses are overburdened with clerical work, much of which is recording information by outdated methods on records that have questionable value.

A resident interne in a large teaching hospital observed:

> As registered nurses are pulled away from patients to do non-nursing tasks, there can be no other result but a loss of the personal touches that make a patient comfortable.

WHAT DO PROFESSIONAL NURSES SAY?

According to the survey professional nurses want to nurse the patient and can not. What is keeping the nurse away from the patient? Nurses put the blame for this on the burden of clerical work; poor utilization of all nursing personnel; and lack of clarification of duties. Student nurses feel that they are too pressed for time; have too many critically ill patients and cannot nurse the "whole" patient.

One staff nurse in a large hospital commented:

> Nurses are too busy to spend enough time with the patients to give them that feeling of warmth and understanding. Little wonder that the patients get

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New!

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By KATHLEEN NEWTON SHAFER, R.N., M.A.; JANET R. SAWYER, R.N., A.M.; AUDREY M. McCLUSKEY, R.N., M.A.; and EDNA E. LIFGREN, R.N., M.A. New. 1958, 989 pages, 6½" x 9½", 130 illustrations. Price, $8.75.

Just Published! 8th Edition

Parkinson EYE, EAR, NOSE AND THROAT MANUAL FOR NURSES

In the new 8th edition of his practical book, Dr. Parkinson provides the student nurse with all the fundamental information she needs to care for eye, ear, nose and throat cases. Stressing only the fundamentals, this text presents the subject in a simple concise manner, avoiding complicated or technical words whenever possible. This revision evaluates the efficiency of the hormones and antibiotics used in EENT cases that have been discovered during the last decade. Teacher-oriented, this book enables you to cover the material in a minimum of time; each chapter serves as a complete lecture and a quiz at the end of each chapter provides a thorough review.

By ROY H. PARKINSON, M.D., F.A.C.S., Formerly Head Oculist and Aurist to St. Joseph's Hospital, San Francisco, California. Just Published. 1959, 8th edition, 237 pages, 5½" x 8½", 82 illustrations, 2 in color. Price, $3.85.

New 3rd Edition!

Flitter AN INTRODUCTION TO PHYSICS IN NURSING

The new 3rd edition of this popular Mosby text provides the nursing student with a thorough understanding of basic scientific concepts and their relation to nursing. Designed as a textbook for "Physics" courses in Schools of Professional Nursing, this text covers mechanics (measurement, forces, work, energy, power, machines), molecular phenomena, pressure, heat, light, sound, magnetism, electricity, bioelectricity, and nuclear radiation. Unlike many other texts which present purely theoretical discussions of physics, the topical arrangement of this book brings together concepts that are related to the nurse's experience.

By HESSEL HOWARD FLITTER, R.N., Ed.D., Assistant Director, Test Construction Unit, National League for Nursing. New. 1958, 3rd edition, 253 pages, 7¾" x 10½", 108 illustrations. Price, $3.75.

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out of bed to take care of their own needs.

A student nurse viewed nursing in this way:

> For six months, we have been taught to nurse the whole patient and then we are thrown out in the cold to learn the hard way, doing scattered and unorganized work, never completing care for one patient.

Even more interesting was this statement by another student nurse:

> Student nurses have to care for too many seriously ill patients. We go off duty feeling completely lost because we can't care for our patients and do all the paper and cleaning work as well. Nursing has become a secretarial job!

Practical nurses and nursing aides said:

> We *are* nursing the patients. We want information about patients, more pay and more training.

One finding in the report was that the average professional nurse spends only 18 minutes with each patient on her unit during the morning shift, and 8 minutes on the afternoon shift.

Food Fads

Thousands of food supplement salesmen are trying to convince people that improper diet is to blame for most disease and that it can be cured by taking food supplements.

The food supplement business is a multi-million dollar one. It could be considered a "mildly amusing confidence game" except that it is also highly dangerous, according to an American Medical Association publication. It is dangerous because persons with serious ailments neglect proper medical treatment in the hope that they can find "a cure in a capsule."

Food supplements are pills, powders, pellets or capsules that often contain vitamins and minerals, usually in amounts far greater than the body needs. In addition there is some "mysterious ingredient" that is usually nothing more than a combination of dehydrated vegetables and plants.

The most popular arguments are:

Most disease is due to improper diet. **The fact:** There are a few diseases caused by dietary deficiencies, but they are rarely found on the North American continent. By patronizing all departments of a grocery store, a person can easily supply all of his nutritional needs.

Soil depletion causes malnutrition. **The fact:** The composition of the soil has very little effect on the composition of plants grown in it. If certain soil elements are missing, the plants simply don't grow.

Chemical fertilizers poison the land and the crops grown on it. **The fact:** Extensive government research has shown that the nutritional value of crops is not significantly affected by the soil or the fertilizers used.

Wonder power of certain foods, such as 100 per cent whole grains — cereals, flour, bread and crackers; honey; maple syrup; molasses, or raw vegetables. **The fact:** These are good foods, but they are not wonder foods and do not supply any miracle nutrients.

Certain types of cooking utensils, especially aluminum, are harmful to foods. **The fact:** Hospitals the country over use aluminum cooking utensils. They certainly would not if research had given the slightest suspicion of danger from it.

Processing removes nutritional values from food. **The fact:** Modern processed foods actually contain more nutrients than the same foods prepared by home cooking methods. Fruits and vegetables are canned or frozen at the peak of nutritional perfection. Flour, bread, milk and margarine are all improved in processing to supply known dietary requirements.

Subclinical deficiencies are a constant danger. **The fact:** This statement has no meaning. Subclinical means without symptoms. Normal tiredness or "a worn-out feeling" is said by the peddler to be a subclinical deficiency. If such feelings persist, a competent physician should be seen. They may be the forerunner of serious disease.

In conclusion, according to one authority, "If you suspect a diet deficiency don't let quacks prescribe for you. Consult your physician. Eat sensibly, eat intelligently, eat economically — and for goodness sake, eat *food*." — *The Health Bulletin, North Carolina State Board of Health.*

It is difficult at times, with some people, to determine whether they are meditating or hesitating; planning or delaying. — *Hospitals*

Book Reviews

Dorland's Pocket Medical Dictionary. Abridged from Dorland's Illustrated Medical Dictionary. W. B. Saunders Company, West Washington Square, Philadelphia 5. 20th Ed. 1959. Price $4.50.

This is the most recent edition of a familiar text. It is somewhat more compact than its predecessors. This has been accomplished by arrangement and not sacrifice of material.

Phonetic spelling indicates pronunciation as formerly but other symbols have been reduced to a minimum. Plural and adjectival forms have been included in the entry devoted to the main definition. As required, terms have been redefined to bring them into line with modern usage. Some terms have been omitted as no longer useful, newer terms have been added to take their place. Readers will find that the list of abbreviations has been extended to include more recent additions.

This is a handy dictionary for the individual nurse, for the ward library, for the office. It is not, of course, designed for medical library purposes.

Mental Depressions and Their Treatment by Samuel Henry Kraines, M.D. 555 pages. Brett-Macmillan Ltd., 132 Water St. S., Galt, Ont. New York: The Macmillan Company. 1957. Price $8.00. *Reviewed by Miss Nancy Bean, Instructor in Psychiatric Nursing, Westminster Hospital, London, Ont.*

This is a book written primarily for psychiatrists, psychiatric medical students and general practitioners but it should be of great value to the professional nurse taking advanced study in psychiatric nursing.

The approach to the subject is new. Dr. Kraines presents depressive state as having a physiopathological basis and ties in this principle with clinical conditions as we know them. At the same time he considers the psychological aspects of the illness. One would gather that Dr. Kraines is of the organic rather than the psychoanalytical school of psychiatric thought.

The depression *per se* is discussed, rather than the clinical entities. This makes it much easier for the nurse to understand the feelings and condition of her patient regardless of the clinical tag attached to him.

The book is concise but broad in its

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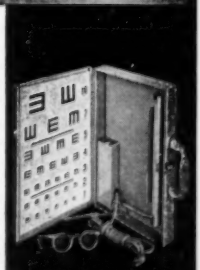

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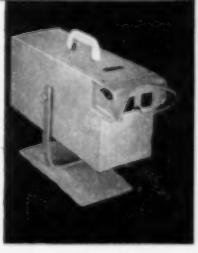

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coverage. It includes graphs and case histories along with a helpful chapter entitled "Biologic Therapies" which encompasses the use of drugs and special procedures in depression. The references related to neuroanatomy might be too advanced for nurses but the book is written in such an interesting way that one could be stimulated easily to further study.

Surgery for Nurses by James Moroney, M.B., Ch.B., F.R.C.S. (London). 690 pages. The Macmillan Company of Canada Limited, 70 Bond St., Toronto 2. 5th Ed. 1958. Price $5.00.

Reviewed by Miss Elva M. Cranna, Educational Director, General Hospital, Brandon, Man.

This edition is the most extensive revision of the book since it was first published in 1950. It was written especially for the student nurse. The author states in the preface that the subject matter is based on the syllabus of the General Nursing Council, Great Britain.

The text begins with a short history of surgery. The importance of accurate diagnosis and of the nurse's contribution to this is stressed, as is the need for careful identification of the patient in relation to the giving of medications, blood and surgical treatment. Factors relating to surgery such as preoperative and postoperative care, infection and immunity, inflammation, antibiotic therapy and chemotherapy, hemorrhage and shock, are dealt with clearly and concisely.

The surgery of the various areas or systems is discussed with special reference to the principles underlying surgical treatment and nursing care. A section on cardiac surgery is included.

Sections on the specialized branches of surgery, e.g. eye, ear, nose and throat, and a short introduction to obstetrics are included.

Each chapter contains many excellent illustrations, several of which are in color. These should prove a helpful visual aid to the student. Little reference is made to the psychological problems which accompany illness. These are given considerable attention in many of the new textbooks.

Surgery for Students of Nursing by John Cairney, D.Sc., M.D., F.R.A.C.S. 359 pages. N. M. Peryer Limited, Christchurch, C.I., New Zealand. 3rd Ed. 1958. Price 40 shillings.

Reviewed by Miss Elva Cranna, Educational Director, General Hospital, Brandon, Man.

The author states in the preface that his aim is to give nursing students some appreciation of the philosophy of surgery. The third edition is a complete revision of the text with a view to keeping abreast of modern thought.

Factors relating to surgery such as pyogenic infections, chemotherapy and antiseptics, wounds and skin grafting, hemorrhage and shock, preoperative and postoperative treatment are clearly presented in the opening chapters of the book. Reference is made to the newer antibiotics, the Rh factor and the importance of fluid balance.

A new chapter on anesthesia has been added. The main portion of the book outlines simply and concisely the various surgical conditions, their clinical features, complications, and treatment. Original diagrams drawn by Dr. Cairney illustrate the material discussed. They should help to clarify difficult points for the student.

The book does not include a section on cardiac surgery. There is little reference made to rehabilitation of the patient or to physiological and social factors which are included in many of our new texts.

Summary

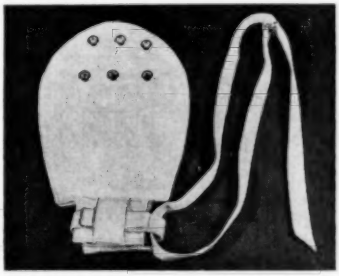
These two books, as their titles imply, are textbooks which deal with surgery for nurses. They are written from the surgeon's point of view and present the general principles of surgery on which to base the practice of surgical nursing.

They are well-written, interesting and easily understood. They should be valuable as reference books for both the student and the graduate nurse.

Over one thousand pregnant women who were told to take more salt than usual with their food had a *lower* incidence of toxemia and edema, as well as reduction in prenatal mortality and bleeding, compared with 1038 pregnant women who were told to reduce salt intake. Similarly, 20 women with early toxemia who were given extra salt, showed improvement.

* * *

He who would walk sanely amid the opposing perils in the path of life always needs a little optimism; he also needs a little pessimism. — HAVELOCK ELLIS



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News Notes

ALBERTA

Hanna Chapter has contributed $14 to furnishings for the AARN office building. Ponoka members contributed $100 for the same purpose and determined to forward a resolution to the provincial office requesting that a study be made of patients' complaints regarding poor nursing care in the hospitals in the area. Beginning in the fall of this year, the same chapter will offer an annual bursary of $125 to a local high school graduate who enters a school of nursing. Vegreville members have sent $35 to help in furnishing the AARN building. Their new slate of officers has been elected: Pres., Mrs. P. Kassian; vice pres., E. Wicentowich; sec.-treas., Mrs. K. Green. The Peace River Chapter has also elected its new executive: Pres., Mrs. N. Sproul; vice pres., Mrs. M. Copping; sec., H. Lang; treas., Mrs. I. Boulet. Committee conveners: Mmes D. Naaykens, J. Skip, L. Grasswick, S. Bowen, N. Auld, R. Smale, D. Holm, Miss R. Embree.

BRITISH COLUMBIA

CRANBROOK

Chapter officers recently elected are: Pres., Mrs. C. Stevenson; vice pres., Mmes G. Hrisook, G. Beaton; sec.; Mrs. A. Flick; treas., Mrs. J. MacDonald. Committee members: Mmes M. Pennington, D. Stone, F. Barnhardt, D. Tadey, T. J. Sullivan, L. Wylie; Press reporter, Mrs. C. Ferguson. The proceeds from an Easter bonnet raffle and a Spring Frolic are to go into the bursary fund. Sr. Bernadette Soubirus has been transferred to Midnapore, Alta.

VANCOUVER

General Hospital

Officers for the alumnae association are: Pres., Mrs. A. Jones; hon. pres., Helen King; vice pres., Mmes I. Blake, H. L. Cantlon, D. Marshall; exec. member, Mrs. R. C. Campbell; exec. sec., Mrs. M. Faulkner. Committee conveners: Mmes. A. Block, R. Armstrong, H. Stewart, E. Harrison.

The golden anniversary year, 1958, showed a total membership of 3700 with graduates scattered throughout the world. A broad program of assistance for both graduate and student education is carried out by the association through its bursaries and loans. Earlier this year a telephone bridge party and the annual membership tea were held.

St. Paul's Hospital

Marguerite Campbell Trapnell is presently nursing in the premature nursery of the hospital. Elinor Kunderman left for Teheran in April to work under the World Health Organization. The annual formal dance was held at the Commodore in mid-May with "Evening in Paris" as the general theme and the floor show provided by the intern staff. Dr. E. F. Word proved a most entertaining speaker at the February general meeting.

MANITOBA

WINNIPEG

General Hospital

During the past few months, three well-known hospital personalities have retired —

In feminine hygiene and therapy
Massengill Powder
An astringent, soothing vaginal douche, therapeutically valuable in the management of infection and as a routine cleansing agent. Its refreshing odor appeals to the most fastidious patient. Available in 3 and 6 oz. jars. Samples on request.
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Mr. W. Fisher, laundry manager for 33 years; Mrs. E. Schneider who was in charge of the sewing room; and Mr. F. Randall, hospital watchman for 30 years. Good wishes for future years of health and happiness go to all of them from their many friends.

Time has again brought many physical changes for the building. All the wards, with the exception of one, have been opened in the new North wing. The pneumatic tube system is in full operation — a great time-saver, as well as a "foot-saver," for the exchange of reports between the various departments. At the present time, construction work is going ahead on a new tunnel to connect the main building, Women's Pavilion and the Psychopathic Unit more directly.

Congratulations are extended to Miss Joyce Lucko and Mr. J. Bolton on their promotions to head nurse positions in their respective departments.

Since the initiation of the orderly training program last fall, two classes have graduated. Members of the first class were presented with their certificates by Dr. Bradley last November.

The nursing faculty has had several department supervisors speak at their regular meetings and outline the functions of their respective units. Dr. J. Wilt and Dr. P. Warner shared a program in which they discussed the "Recent Developments in Biochemistry and Bacteriology." Illustrative material complemented a most informative talk. Dr. Penner, pathologist, enumerated the advances that have been made in his particular field, with the construction of machinery that is now able to relieve technicians of many time-consuming examinations.

At the February meeting, Miss T. Halpin from the department of physiotherapy demonstrated the principles of deep breathing, and Miss I. Hansch gave her impressions of the 1958 CNA Convention. She had been sent as the nurses' representative.

The nursing faculty invited the general duty nurses to a dinner in the school of nursing auditorium.

Alumnae members held their Annual Tea in April. The sale of hand work and baking was a special feature of the afternoon, as well as the drawing for several door prizes. Staff doctors were invited to preside at the tea tables. The proceeds from the tea are used to promote advanced nursing education among the alumnae members.

The annual dinner and dance for the graduating class was held at the Royal Alexandra Hotel with Dr. Jean McFarlane as the guest speaker.

At the February general meeting, members were pleased to honor Miss Mabel Johnson, class of 1942, who is home on furlough from Angola, Africa. She shared many of her experiences by showing beautiful slides and describing many interesting events. Mrs. Olive (Pierce) Karsgaard, class of 1944, also home on furlough, was honored by the alumnae as well. Mrs. Karsgaard and her husband are serving in Pakistan. Dr. L. L. Whytehead was a most interesting guest speaker at the March general meeting. He described the surgical approach to stenotic heart disease.

NOVA SCOTIA

Chapter members of the Cape Breton and Victoria Branch have been meeting regularly each month and have been planning the season's activities. Suggestions for possible one-day institutes to be conducted by hospitals in the area are under consideration. Mr. R. Ricketts, executive secretary of the provincial tuberculosis association was a guest speaker at one meeting.

Kentville nurses enjoyed a bridge and canasta party recently. Miss Maude MacLellan, a member of the R.N.A.N.S. Valley Branch has been reappointed to the advisory committee of the Fundy Mental Health Clinic.

ONTARIO

District 1

Sarnia

General Hospital

The officers of the alumnae association for this year are: Pres., Mrs. Mary Grant; vice pres., Mrs. Eileen Wright; sec., Mrs. Marjorie Sandercock; asst. sec., Helen Randall; treas. Eleanor Stephens; asst. treas., Mrs. Helen Cardwell. Committee conveners: Mmes Ann Randall, Elaine McFie, Marjorie Paisley.

The annual Red and White ball was held at Kenwick Terrace early in the year. The graduation banquet for 21 graduates will be held in the Patterson Memorial Auditorium on May 29 and graduation exercises will be on the following day.

Windsor

Hotel Dieu Hospital

The annual alumnae banquet in honor of the graduating class is to be held this month under the convenership of Mary Boles. The newly revised constitution and bylaws for the association were voted upon at the March meeting. Following the business session, a panel discussion on intramuscular injection therapy was held.

Delma Capton is doing public health nursing in British Columbia near the Alaskan boundary. Georgina Deslippe is on the operating room staff of her home hospital. Barbara Ross is working in Grosse Pointe, Michigan.

District 5

Toronto

Western Hospital

Miss Gladys Sharpe, formerly director of nursing, has been chosen "Woman of the Year" by Quota International. She addressed members of the club on the occasion of the 40th anniversary of the organization. The annual Spring Frolic in honor of the current graduating class was held in the ballroom of the Royal York Hotel in March.

District 6

Peterborough

Civic Hospital

The Purple and Gold ball was held at the Brock ballroom early in January and the Community Nursing Registry dance took place during the same month. The new officers of the alumnae association are: Pres., Mrs. R. Pearson; vice pres., Mrs. R. Stewart, Miss B. Dawe; sec., Mrs. A. Lockington; treas., Mrs. G. Oliver; fee treas., Mrs. O. Lunn.

COMMUNICABLE DISEASES

By Nina D. Gage, John Fitch Landon and Helen T. Sider. New seventh edition of a leading text. Includes a revised chapter on Antibiotics and a new section on Staphylococcal Infections. 53 illustrations, 533 pages, 1959. $6.50

CHEMISTRY FOR NURSES

By Harry C. Biddle, Western Reserve University, Cleveland, and Vaughn W. Floutz, University of Akron, Ohio. A combined text and laboratory manual. Widely used. 186 illustrations, 488 pages, fifth edition, 1958. $5.50

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District 7

Kingston

General Hospital

The officers for the alumnae association are: Pres., M. Finley; past pres., Mrs. J. Smith; vice-pres., G. Cook; sec., J. Tacio; treas., Mrs. M. Boston. Reps. to: Local Council of Women, Mrs. V. O'Gorman; *The Canadian Nurse*, H. Smith.

QUEBEC

Montreal

Children's Hospital

The staff association had an active and varied program during the past year. Included among the guest speakers were Mrs. Isobel MacLeod, director of nursing, Montreal General Hospital, who discussed the key role played by the staff nurse, and Dr. Aileen Ross, McGill University, who presented sociological aspects in nursing. A number of films related to psychiatry were viewed, followed by general discussion. Several tours to St. Justine's Hospital were arranged to permit interested nurses to see this new children's hospital.

Hôpital Notre-Dame

Le mois dernier sous la présidence d'honneur de Mademoiselle Alice Girard, présidente de l'Association canadienne des infirmières, et en présence d'invités de marque fut tenue l'assemblée annuelle du service de

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nursing. L'hospitalière de chaque département décrivit la part des activités de son service d'après la formule de l'équipe interdisciplinaire qui fonctionne admirablement à Notre-Dame depuis assez longtemps. Chaleureusement félicitée du succès de son initiative, Soeur Mance-Décary, directrice du nursing, annonca que le dernier mot n'étant pas dit, la recherche se poursuivait dans les cadres des tâches, des responsabilités, des relations et conditions de travail, toujours dans le but du maintien de la haute valeur de service.

Hôpital Jean-Talon

Fondé en 1954 et destiné dès le début à répondre aux besoins de la communauté progressive environnante, l'hôpital est par là-même appelé à prendre place au répertoire des grands hôpitaux généraux de la ville. Le mois dernier, le ministre de la santé au cabinet provincial, le docteur Leclerc, levait la première pelletée de terre symbolique, marquant ainsi le commencement des travaux d'une annexe d'envergure. Les dix étages du nouvel édifice porteront à 450 le nombre des lits de malades, à 64 celui des berceaux, avec en plus une vaste section de pédiatrie, de laboratoires modernes, et l'expansion correspondante de la chirurgie. Le nursing en équipe souligne la présence à l'hôpital d'une école d'auxiliaire approuvée par l'Association des infirmières de la province, qui permet aux infirmières professionnelles d'assurer au maximum enviable le soin des malades.

Royal Victoria Hospital

Edith Pratt, a graduate of the class of 1940, has gone to India where she has joined the staff of the Dr. Graham Homes at Kalempong, West Bengal, India. Prior to leaving the city Miss Pratt was the guest of honor at a reception given by the members of her church. A service of dedication was held for her as well. She had been on the staff of the Royal Edward Laurentian Hospital for several years.

Gaspé

A l'occasion de la semaine de la santé, des manifestations avaient été organisées par les groupements préoccupés de la protection de la santé publique. Sur des bases statistiques et en accord avec les données modernes, les médecins, infirmières, dentistes, prêtres, avocats et nutritionistes ont procédé à l'inventaire de la situation locale. L'hygiène maternelle, la surveillance de l'enfant, les soins dentaires, la prévention et le contrôle des maladies contagieuses et la tuberculose ont été étudiés. Le nouveau problème des accidents de la route, et à domicile a particulièrement attiré l'attention des travailleurs de la santé d'après les aspects social, légal et moral. Dans les cadres de l'Hôtel-Dieu de Gaspé — quel milieu propice pour attirer l'attention des participants sur le nombre des donneurs de sang bénévoles qui se chiffre à 2350 — oeuvre humanitaire par excellence, qui va de pair, semble-t-il, avec les efforts préventifs et curatifs d'une équipe sanitaire toujours en éveil.

Ste.-Anne-des-Monts

Voici un milieu hospitalier qui vient de prendre les mesures conditionnelles à la protection scientifique du nouveau-né et du prématuré. Une pouponnière moderne, un équipement moderne, un personnel entrainé, et la ségrégation des bébés naissants, des normaux et des douteux, avec un service spécialisé des prématurés, cet ensemble contribuera à attaquer à sa base la mortalité et morbidité des nouveaux-nés de la région.

SASKATCHEWAN

Swift Current

Dr. D. W. Shields, gynecologist, was the guest speaker at a recent chapter meeting. He emphasized the necessity of instilling the idea of childbirth as a normal function — not a painful experience associated with hospitals and doctors. The British practice of having most births occur in the home or a maternity home contribute to the conception of birth as a natural body process. He concluded his remarks by emphasizing the necessity for women to receive more adequate instruction in normal body function.

Establishment of bursaries for financial aid to prospective nurses is being considered if a demand for such aid can be proven. The principal of the Collegiate was to be asked for assistance in determining this need.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
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Closing date for copy and cancellations: 1st of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Obstetrical Supervisor for 10-bed 12-bassinet unit with 14-bed Women's Surgical Unit on same floor. Willing to give Obstetrical Nursing lectures, clinics & supervise students. Medical staff teaches Obstetrics. Remuneration according to qualifications & experience. New school & residence under construction. Transportation allows easy access to Edmonton 40-mi. S.W. Travel expenses reimbursed after 1-yr. continuous service. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Instructress will to plan classroom program & teach. School enrollment 35-45 students 4 affiliation courses, block system lectures, new school of nursing & residence under construction. Remuneration according to qualifications & experience. Hospital 40-mi. N.E. Edmonton. Transportation permits for interests in Edmonton. Travel expenses reimbursed after 1-yr. continuous service. Apply Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Instructors (Classroom & Clinical) for 200-bed hospital, 85-student school of nursing. Salary $3,630-$4,080 per annum, 40-hr. wk. Apply: Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Clinical Instructors for medical & surgical clinical services needed for large expanding City Hospital. Salary range $310-$340; 40-hr. wk. liberal sick leave & vacation. Permanent employment, opportunities for advancement. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurses for a large expanding City Hospital in Edmonton, Alberta for summer relief & permanent employment. Experience available in all departments including oprating rooms & case rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave, vacation, 40-hr. wk. General Duty $255-$285 per mo. plus laundry. Staff Nurses $285-$315 per mo. plus laundry. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurse (1) Immediately for 30-bed hospital. Salary $260 per mo. gross, health & pension plans available. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1 year plus all statutory holidays. Within 1 hr. drive from Waterloo National Park, 20 minutes from Lethbridge & 3 hr. from Calgary & Great Falls, Montana. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered Nurse for 35-bed busy General Hospital offering a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary $270 per mo. $35 deducted for maintenance & laundry. 4 semi-annual increments of $5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave yearly, cumulative to 30 days. Accommodation in hospital wing — single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

General Duty Nurses for 100-bed hospital with a school of nursing. Hospital 40-mi. northeast of Edmonton. Transportation allows for activities in Edmonton when desired. New residence under construction. Travel expenses reimbursed after 1-yr. continuous service. Remuneration according to qualifications & experience. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

General Duty Graduate Nurses for an active 76-bed hospital near Calgary & Banff. $250 gross salary, $260 for Alberta registered, good personnel policy. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

Graduate Nurses for 53-bed active hospital. Salary $265 per mo. 40-hr. wk. statutory holidays, sick leave benefits. $35 per mo. room & board. Apply: Sister Superior, Sacred Heart Hospital, McLennan, Alberta.

Nurses (2) immediately for 20-bed hospital, 40-hr. wk. Wages $285 plus annual raises; 4-wk. vacation after each year's service. Living-in quarters available. Apply to Matron, Coronation Municipal Hospital District No. 39, Coronation Alberta.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Director of Nursing Services — To be responsible for the organization & administration of nursing services in the new 283-acute bed Lions Gate Hospital. Salary to start $500 per mo. Applicant must have experience in an executive capacity & be able to demonstrate good leadership qualities. Varied supervisory experience in both long term & acute hospitals desired. Applicant must be capable of establishing a school of nursing & curriculums. Preference will be given to applicants with university preparation in nursing service administration. Position to start August 1, 1959, approximately 12-mo. before opening. Apply in writing; giving references & full details of training & experience to the Administrator, Lions Gate Hospital, 240 East 13th Street, North Vancouver, British Columbia.

Supervisor of Nursing for 40-bed General Hospital, a very active western town in the world famous Cariboo ranching country. Construction of new 100-bed, double corridor design, 5-story hospital to start this fall. All applications considered but preference to graduate in nursing administration. Quarters in nurses' home, 40-hr. wk. 28 annual & 10 statutory holidays, 1½-days sick leave per mo. accumulative, position vacant July 1, 1959. State age, experience & references in first letter to: Adminstrator, War Memorial Hospital, Williams Lake, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary $260 per mo. with $10 yearly increment. Board & room $40, 1½ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

Laboratory Technician (1) X-Ray Technician (1) fully qualified; **Registered Nurses** (3) for 30-bed hospital in Central B.C. on the Jasper Prince Rupert Highway, 70-mi. from Prince George. Salary for each of the above positions $290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence $50 per mo. Also **Certified Practical Nurses (3)** salary $190 per mo., 1½-days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

General Duty Nurses for small active hospital. Salary $250 for unregistered. $260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for General Hospital with school of nursing. Salary $275-$327 per mo. B.C. registration essential. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for 31-bed General Hospital, 5-hr. from Vancouver; salary $250 for unregistered, $260 registered, $10 increase after 1st & 2nd yr; less $45 room & board; 40-hr. wk. uniforms laundered; nurses' home. Apply: Administrator, St. Bartholomew's Anglican Hospital, Lytton, British Columbia.

General Duty Nurses (vacancies available for all floors) **& Operating Room Nurse** (1) Starting salary $260 per mo. or $273 for 2-yr. satisfactory experience, plus $10 per mo. additional for postgraduate certificate in any of the nursing fields. New 125-bed hospital to be opened early in autumn, new modern nurses' residence ready for occupancy in April of this year. For further information write to: The Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $270, maintenance $47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies, nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Graduate Nurses (2). Salary $280 per mo. with annual increments of $10 per mo. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, British Columbia.

Graduate Nurses for 70-bed General Hospital. Salary $260-$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses; for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary $250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. $50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Operating Room Nurses (2) with postgraduate or equivalent experience. **Head Nurse & General Duty Nurses** for new 24-bed nursing unit. Positions available at once. Please apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

Night Supervisor (Experienced) for new 85-bed General Hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

Supervisors & General Duty Nurses for Clearwater Lake Hospital, The Pas, Manitoba & Manitoba Sanatorium, Ninette. Salary range $265 - $295 depending on qualifications & appointment. 3-wk. vacation, 40-hr. wk. 10 statutory holidays, group insurance plan. Interesting nursing with white, Indian & Eskimo patients both in general & tuberculous wards. Apply: Director of Nursing Services, Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Manitoba.

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(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 5, P.Q.

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Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Matron (Registered Nurse, Immediately) also Licensed Practical Nurse for fully modern 8-bed hospital 80-mi. north Winnipeg. Living-in accommodation; 40-hr. wk. T.V.; excellent salary. For further information phone or write: Mrs. E. L. Johnson, President, Memorial Hospital, Arborg, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary $280 per mo. gross, $40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses (2) Practical Nurses (2) for modern 20-bed hospital. Salary-registered $290, practical $195, less $35 maintenance. 40-hr. wk. 4-wk. vacation after 1-year service. Statutory holidays & sick leave. Registered to start April 1, practicals May 1. Apply to Memorial Hospital, Deloraine, Manitoba.

Registered Nurses & Licensed Practical Nurses for small hospital near Riding Mountain National Park. Boating, swimming, & golfing at Clear Lake during summer & large new ski slide being constructed for next winter. Salary R.N. $275 & L.P.N. $180 per mo. Full maintenance provided for $35 monthly. Please reply giving names of nursing references & experience to: Shirley H. Manhard, Matron, McCreary Medical Nursing Unit, McCreary, Manitoba.

Registered Nurses (2), **Practical Nurses** (2) for 30-bed hospital. Salary $285 & $185 respectively. Board & room $35. Minor & major surgery. 44-hr. wk., vacation pay, statutory holidays, paid sick leave. Apply: Administrator, DeSalaberry Hospital, St. Pierre, Man.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

Clinical Instructor Medical & Surgical Nursing. 1-class a year. For further information please apply: Superintendent of Nursing, Charlotte County Hospital, St. Stephen, New Brunswick.

Registered Nurses (2) Certified Nursing Assistant (1) for modern 25-bed hospital. Starting salary R.N. $220, L.P.N. $140 per mo. Good personnel policies. Apply: Mrs. Adelaid Robertson, Tobique Valley Hospital, Plaster Rock, New Brunswick.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Assistant Director of Nursing Service; Pediatric Clinical Teacher for April 1959; **Obstetric (1) Medical-Surgical Clinical Teacher (1)** for July 1959 in 320-bed teaching hospital. Apply: Director of Nursing, Hotel Dieu Hospital, Kingston, Ontario.

Operating Room Supervisor for active General Hospital in Niagara Peninsula. Postgraduate education required or background of supervisory experience. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Registered Nurse as Superintendent for 30-bed hospital, state previous experience & salary expected. Starting July 1, 1959. Furnished 3-room apartment provided. Reply to: Secretary, Englehart & District Hospital Board, Box 609, Englehart, Ontario.

Instructor for an established course in Tuberculosis Nursing for affiliating students. Living accommodation, pension plan. Apply stating qualifications & experience, to Director of Nursing, Freeport Sanatorium, Kitchener, Ontario.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Clinical Instructor (Medical Nursing) School of 75-students. **Registered Nurses** for general duty in all departments. Apply to: Director of Nursing, Public General Hospital, Chatham, Ontario.

Nursing Arts Instructor (1) for 205-bed Georgian Bay Area Hospital. 46 students in school. Good personnel policies. Apply: Director of Nursing, General & Marine Hospital, Owen Sound, Ontario.

Operating Room Instructor to teach students & new staff. Post linked with general surgical teaching for patient-centred approach. University diploma required. Apply to: Director of Nursing, The Hospital for Sick Children, Toronto, Ontario.

Lecturer (in Medical-Surgical Nursing) for September 1, 1959. Apply to: Director, School of Nursing, McMaster University, Hamilton, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (3) Immediately: for 18-bed new hospital. Salary $260, full maintenance $34.50 per mo., usual increments, 29-day vacation after 1-yr. Apply: Matron, Union Hospital, Gull Lake, Saskatchewan.

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Registered Nurses for General Duty, modern 18-bed private hospital in iron mining town, 180-mi. north of Sault Ste. Marie, Ont. Excellent accommodations & personnel policies. Starting salary $255 minimum to $290 maximum for experience, less $20 per mo. maintenance. Transportation allowance after 3-mo. service. Apply Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary $265-$295 for nurses currently registered; $245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital, Starting salary: $265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (Female) for modern, fully equipped 22-bed hospital located in model town on north shore of Lake Superior on main line C.P.R. & on new Trans-Canada Highway. Above average salary; 42-hr. wk., room & board available at $65 per mo. in ultra-modern company hotel, 2-wk. vacation with pay, 8 statutory holidays. Pension plan, group insurance, sick leave, etc. State all details including age, education, experience, Ontario registration number, phone number, etc. in first letter to Employment Supervisor, Kimberly-Clark Pulp & Paper Co. Ltd., Terrace Bay, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary $12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses (Single) for small new modern hospital 12-mi. from Niagara Falls; treating medical & surgical patients. State qualifications, salary expected & date available. Apply: Medical Centre Hospital, Virgil, Ontario. Attention Dr. J. Z. Czerevko.

Registered Nurses for Operating Room & general staff positions. Salary $245 per mo. 5-day wk. Excellent residence accommodation available. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Registered Nurses for General Duty in all departments including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty (medical, surgical & obstetrical nursing) for 20-bed private hospital. Rotating shifts, averaging 42-hr. per wk. Salary $259 per mo. plus full maintenance. Accommodation provided in nurses' residence, single rooms. Liberal personnel policies, group insurance, pension plan, 1-mo. vacation after 1-yr., sick leave. Excellent recreational facilities. Located in Thunder Bay District of Ontario, on main C.P.R. transcontinental line & Trans Canada Highway. Apply: Employment Supervisor, Marathon Corporation of Canada Limited, Marathon, Ontario.

Registered Nurses for General Duty (Immediately) & positions to be filled on staff for new 58-bed hospital, to be opened in the early fall. For information of salary & personnel policies, apply to: The Superintendent. Prince Edward County Hospital, Picton, Ontario.

Registered Nurses for General Duty starting salary $250 per mo., 44-hr. wk., sick leave, 3-wk. vacation. Apply: Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000 **Salary: $260 per mo.** with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for 23-bed hospital, extension for 35-beds. Excellent salary & peronnel policies. Apply: Superintendent, Englehart & District Hospital, Englehart, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100 beds this year. Salary $250 per mo. to start, $215 for graduates. Group life, accident & sickness insurance free to employees. Opportunities for advancement. Pleasant community. Apply: Director of Nursing, District Memorial Hospital, Leamington, Ontario.

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General Duty Nurses for 65-bed modern hospital. Salary & personnel policies upon application to: Director of Nurses, Memorial Hospital, Campbellford, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $250-$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for 26-bed hospital in Northern Ontario. Starting salary $290 per mo. & $195 per mo. Board & room available at $28.50 per mo. 5½-day wk. 8-hr. duty, annual vacation, 1-day sick leave per mo. after 6-mo. Apply: Mrs. G. Gordon, Superintendent, District Hospital, Nipigon, Ontario.

General Duty Nurses, Operating Room Nurse, Certified Nursing Assistants for 70-bed General Hospital in a resort area, with an expansion program. Good personnel policies, residence accommodation. Apply to: Miss Katharine King, Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $250 per mo. 40-hr. wk. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

General Staff Nurses for New Medical, Surgical & Obstetrical Wards. 40-hr. wk. commencing June 1, 1959, good personnel policies, attractive pension plan, well planned orientation & in-service programs. Apply: Director of Nursing, Toronto East General & Orthopaedic Hospital, Toronto 6, Ontario.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary $245-$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, nose & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Public Health Nurses (Qualified), generalized program. Minimum salary $3,350; annual increment $150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurse for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall, Ontario.

Public Health Nurses (2) for area including Township of North Dumfries & Wilmot, & villages of Ayr & New Hamburg, in the County of Waterloo. Applicants must have cars. Apply in writing: stating experience, qualifications, references & salary expected to: Hugh C. Elliott, Secretary-Treasurer, Public Health Nurse Committee, 27 Dickson Street, Galt, Ontario.

Public Health Nurses (Qualified) salary $3,500-$4,250; allowance for experience. $150 annual increments; 5-day week; 4-wk. vacation; sick leave credits; P.S.I. plan; pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurse for Kitchener Department of Health, duties to commence August 1, 1959. Inquiries may be addressed to: Dr. G. E. Duff Wilson, Medical Officer of Health, 9 Ahrens Street East, Kitchener, Ontario..

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Annual increment $200; 5-day wk. 4-wk. vacation, allowance for experience. Pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Salary range & other personnel policies given on request. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurse preferably experienced for generalized program in suburban area. R.N.A.O. salary schedule, transportation provided or suitable car allowance, employer shared hospitalization, 4-wk. vacation. Apply: Dr. J. E. Gimby, M.O.H., 235 Wellington Street W., Sault Ste. Marie, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range $3,300-$4,300; annual increment $200; pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave. Apply: J. R. Mayers, MD., D.P.H., Director, Norfolk County Health Unit, 58 Peel Street, Simcoe, Ontario.

SASKATCHEWAN

The Southwest Regional Hospital Council offers attractive positions to Registered Nurses in many of the following locations in Southwest Saskatchewan:—

CABRI — CLIMAX — DINSMORE — EASTEND — FRONTIER — GULL LAKE — HERBERT — KYLE — LEADER — LUCKY LAKE — MANKOTA — MAPLE CREEK — PONTEIX — PRELATE — SHAUNAVON — SWIFT CURRENT — VAL MARIE — VANGUARD.

Salaries in the scale $250 - $320 per month — the commencing point being determined by experience and location.

Accommodation, meals and laundry provided for a monthly deduction of $34.50.

Good personnel policies.

For further information please reply to:

REGIONAL HOSPITAL CO-ORDINATOR, SOUTHWEST REGIONAL HOSPITAL COUNCIL, HEALTH CENTRE BUILDING, SWIFT CURRENT, SASKATCHEWAN.

INDUSTRIAL NURSE

required

Large modern Pulp & Paper Mill New Medical Centre supervised by full time Medical Director.

Salary range:

$338 - $400 monthly

5-day wk. No shift work.

Excellent welfare coverage.

Previous Industrial or Public Health training or experience required.

Apply in writing to:

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SPRUCE FALLS
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WANTED

NURSE INSTRUCTRESS

ONTARIO HOSPITAL, PORT ARTHUR

Salary range $3,360. to $3,900. per annum. To instruct affiliate nurses from general hospitals taking psychiatric nursing at this hospital. Five-day, forty-hour week. Superannuation and sick leave benefits. Generous vacation allowance. Room and meals optional at nominal charge. Apply to:

MENTAL HEALTH DIVISION
PARLIAMENT BUILDINGS
TORONTO

ONTARIO DEPARTMENT OF HEALTH

Hon. Matthew B. Dymond, M.D., C.M., Minister

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: $3,727-$4,216. Starting salary based on experience. Annual increments. 5-day wk., vacation, shared hospitalization, sick pay & pension plan benefits. Apply: Personnel Department Room 320, City Hall, Toronto, Ontario.

Educational Director, unusual opportunity in unique well-staffed hospital well known for both scholastic standing & bedside patient care. Excellent work situation, warm, friendly atmosphere, above usual remuneration, excellent housing & personnel policies. Midwest location in rapidly developing industrial area. 3-yr. program, 100-students, completely new facilities, college affiliation. State approved, desire accreditation. Present director retiring. Apply: Box F, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Que.

Supervisor (Registered Nurse) with postgraduate experience in tuberculosis nursing, interested in gaining Administrative & Supervisory experience; for 150-bed Tuberculosis Hospital. 40-hr. wk Apply: Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E. Montreal 5, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary $235 with full maintenance in nurses' home at $35; 3-increases at 6-mo. intervals to $250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., Huntingdon County Hospital, Huntingdon, Quebec.

Registered Nurses for an accredited 82-bed hospital. Salary: $255-$295 per mo. 40-hr. wk. & no split shifts. Living accommodation in nurses' residence & laundry of uniforms provided for $8.00 to $12.00 per mo. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

Registered Nurses for general duty work. 40-hr. 5-day wk. Salary according to S.R.N.A. recommendations. Apply Superintendent of Nurses, Victoria Union Hospital, Prince Albert, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary $260 with increments & benefits as per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguard, Saskatchewan.

Operating Room Supervisor (Qualified) for modern 88-bed fully accredited General Hospital. College city of 30,000. 85% sunshine belt. 40-hr. wk. Modern personnel policies. Salary open. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Clinical Instructor, unique hospital school located in rapidly developing industrial area. 100-students, basic program, college affiliated. Splendid opportunity for recent graduate, in friendly atmosphere, devoid of the usual tensions & conflicts. Better than average salary & personnel policies. Apply: Personnel Director, Holzer Hospital, Gallipolis, Ohio.

Registered Nurses (Openings in all services) for 166-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Top salaries, many extra benefits & opportunities for advancement. Excellent personnel policies. Located on beautiful San Francisco Peninsula, 20 minute drive from the heart of the city. Apply Personnel Director, Peninsula Hospital, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

Registered Nurses Salary $325-$360 in 18-mo., differential on p.m. shift $1.50, nights $1.00. Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries $285-$315, days; $10 differential for evenings & nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurses for General Staff 38-bed General Hospital. Personnel policies good. For further information, contact: Administrator, City Hospital, Red Wing, Minnesota.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C.
Salary: $324 rising to $389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C.
Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants.

This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING,
HAMILTON HEALTH ASSOCIATION,
BOX 590, HAMILTON, ONTARIO.

DISTRICT OF KENORA HEALTH UNIT

KENORA, ONTARIO.

Invites applications from qualified personnel for the following positions:—

1 SUPERVISOR OF PUBLIC HEALTH NURSING

3 PUBLIC HEALTH NURSES

Salary:— Supervisors: minimum — $4,500
maximum — $5,625

Salary:— Public Health Nurses: minimum — $3,500
maximum — $4,375

Car provided, pension plan, attractive personnel policies. This progressive Health Unit is situated in the heart of The Lake of the Woods tourist area.

Apply to:—

DR. R. D. P. EATON, MEDICAL OFFICER OF HEALTH, DISTRICT OF KENORA HEALTH UNIT, BOX 174, KENORA, ONTARIO.

Registered General Duty Nurse for 10-bed 3-crib nursery. Salary $345; 5-day wk. Apply: Geo. P. Pimentel, Los Banos Emergency Hospital, Los Banos, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $340 for days, $370 for evenings, $360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered General Duty Nurses for new 80-bed hospital. Starting salary $350 with increases every 6-mo. Meals provided while on duty. Uniforms laundered. 3-wk. vacation, 2-wk. sick leave annually after 1-yr. employment. Liberal personnel policies. Apply to: Director of Nursing, General Hospital, Elko, Nevada.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk. rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply: Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

General Duty Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. $315-$360 base plus $15 shift differential until California Registered. $330-$375 base a month plus $33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Registered Nurses (3) **Certified Nursing Assistants** (2) for 22-bed modern hospital situated in a pleasant active community. Starting salary for R.N.'s $260 per mo., for Certified Nursing Assistants $175 per mo. Good living accommodation available at $34.50 per mo., 40-hr. wk., accumulative sick leave. Apply to: Mr. J. R. Huckstep, Secretary-Manager, Union Hospital, Shellbrook, Saskatchewan.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary $325, nurses' home, excellent working conditions. Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Graduate Staff Nurse for well equipped 400-bed nonsecterian General Hospital affiliated with Medical School. New salary rates: day shift $340-$370 per mo. afternoon & nights $370-$400 per mo. Comfortable low cost living accommodation available in attractive residence building. Write to: Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $315 per mo. starting salary. $15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range $337.35 to $363.30. Shift bonus: $26 afternoons & $17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity. Liberal personnel policies. Salary $320-$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation $290 per mo. Evenings or night $304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating & Delivery Room Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. $325-$370 month base plus $15 shift differential until California Registered. $340-$385 month base plus $33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary $295-$354. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Operating Room Nurses: Positions available for advanced experience in general & specialized surgery. 5-day 40-hr. work wk. Starting salary $325 per mo. with extra compensation for call & overtime. For further information, write: Cleveland Clinic Hospital, 2020 E. 93rd. St. Cleveland 6, Ohio.

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MANHASSET, LONG ISLAND, N.Y.

GENERAL COMMUNITY 169-BED NON-PROFIT HOSPITAL LOCATED IN SUBURBAN AREA 40 MINUTES FROM TIMES SQUARE, N.Y.C.

Starting Salary Based on Experience. Liberal vacation, sick leave benefits, periodic increments, fully furnished & equipped apartments available.

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NORTH SHORE HOSPITAL

VALLEY ROAD,

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Phone: MANHASSET 7-5000

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MEDICAL

Days, $300; Eves., $335; Nights, $320

ALSO

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Days, $300; Eves., $335; Nights, $320

DELIVERY, EMERGENCY & NURSERY ROOMS

Days, $310; Eves., $345; Nights, $330

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

REQUIRES INSTRUCTORS FOR

1. SCIENCE 2. MEDICAL CLINICAL. 3. SURGICAL CLINICAL.
4. TEACHING AND SUPERVISION OF CERTIFIED NURSING ASSISTANTS.

HEAD NURSES — SURGICAL AND MEDICAL 3-11 P.M.

GENERAL STAFF NURSES — EMERGENCY, OPERATING ROOM AND ALL DEPARTMENTS.

GOOD PERSONNEL POLICIES — 5-DAY WEEK.

For further information write:

DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

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FOR SCHOOL OF NURSING

105-students, 1-class admitted annually. Good personnel policies. Salary according to qualifications. Instruction & experience given in Medicine, Surgery, Obstetrics, Pediatrics & Geriatrics. Kitchener-Waterloo Hospital has a bed capacity for 500-patients, Kitchener-Waterloo is 68-mi. northwest of Toronto; population of twin-cities approximately 85,000. Opportunities for additional education at Waterloo College.

Apply:

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DIRECTOR -- SCHOOL OF NURSING

For a School of 90-students, organized independently of Nursing Services.

The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Salary: $5,100-$5,700 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital,
Windsor, Ontario.

Matron for 22-bed hospital, salary $350 per mo. less $35 maintenance. Separate suite in new nurses' residence. Apply: giving qualifications to R. Gill, Sec.-Manager, Union Hospital, Leader, Saskatchewan.

Registered Nurses for General Duty in modern accredited 76-bed hospital, South Central California near Sequoia National Park. Good salary & benefits. Excellent working conditions. Ideal community, winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details, write: Administrator, Memorial Hospital at Exeter, 215 Crespi Avenue, Exeter, California.

Public Health Nurse (Qualified) generalized program includes some bedside nursing. Salary $3,200-$4,250, annual increment $150, 5-day wk. Car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland - Durham Health Unit, Cobourg, Ontario.

Registered Nurse (for general floor duty) Salary $290 per mo. less $25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $280-$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Director of Nursing for 88-bed hospital located in busy town of 4,000 people. Well equipped hospital offering a challenging future. Salary offered & qualifications desired are in accordance with suggested R.N.A.O. schedules. Apply: Administrator, Lady Minto Hospital, Cochrane, Ontario.

General Duty Nurses for 88-bed hospital in a town of 4,000 in Northern Ontario. Salary according to Ontario Registered Nurses' Association recommended schedule. Apply in writing to: Administrator, Lady Minto Hospital, Cochrane, Ontario.

Director of Nursing for accredited 64-bed General Hospital. Applicants should have experience as Director of Nursing, Assistant Director of Nursing or equivalent qualifications. Accommodation available. Salary open to discussion. Apply: Superintendent, Douglas Memorial Hospital, Fort Erie, Ontario.

Public Health Nurse R.N. & P.H.N. degrees. Kent County Board of Health Unit. Apply: W. M. Abraham, Secretary-Treasurer, Kent County Board of Health, 21-7th. Street, Chatham, Ontario.

Operating Room Supervisor for 175-bed General Hospital, 5-modern operating rooms. Operations in 1958; major 1,132, minor 1,411. Excellent personnel policies, pension policy. Apply: Director of Nursing, General Hospital, Stratford, Ontario.

Public Health Nurses (Qualified) for a generalized program in suburban & rural areas with Peel Country Health Unit. Unit headquarters near Toronto. Salary range $3,400 - $4,200. Annual increment $150; pension plan, car allowance, cumulative sick & holiday leave. Optional Blue Cross & P.S.I. protection. Apply to: Mrs. Helen Littleton, Supervisor of Public Health Nursing, 44 Nelson Street West, Brampton, Ontario.

REGISTERED NURSES — $3,000 - $3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS — $2,040 - $2,400

SUNNYBROOK HOSPITAL, TORONTO **WESTMINSTER HOSPITAL, LONDON**

Pension Plan; three weeks' paid vacation; three weeks' accumulative sick leave; 5-day week; low-cost living in staff residence — for Nurses; application forms available at your nearest Civil Service Commission Office, or main Post Offices, should be forwarded to the Civil Service Commission, 25 St. Clair Avenue East, Toronto 7, as soon as possible.

OPERATING ROOM NURSES
GENERAL DUTY NURSES

Sequoia Hospital in Redwood City, California, has openings on its staff for Registered Nurses. Sequoia is a District Hospital which was opened in 1950. With completion of a new wing in December of 1959 it will be a 355-bed hospital. Redwood City, with its population of 42,000 is located 25 miles south of San Francisco. Its slogan, "Climate Best by Government Test," is appropriate This is a community of beautiful homes and gardens, fine schools and churches, and a hospital in which the residents take great pride.

Salary: To start — $335 per month with $10 increase every 6 months to a maximum of $375.

$15 differential for 3-11 Shift.

$10 differential for 11-7 Shift and Operating and Delivery room services.

Vacations: After 1 year — 10 days (2 weeks)
After 2 years — 15 days (3 weeks)
After 3 years — 20 days (4 weeks)

Social Security — Group Insurance — Credit Union

For further information, write
PERSONNEL OFFICE
SEQUOIA HOSPITAL, REDWOOD CITY, CALIFORNIA

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

1. CLINICAL SUPERVISORS IN MEDICINE & SURGERY
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Please send applications direct to:
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THE WINNIPEG GENERAL HOSPITAL,
WINNIPEG 3, MANITOBA.

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New 230-bed hospital
with School of Nursing,
approximately
30 students a year, and affiliates,
requires

SCIENCE INSTRUCTOR AND CLINICAL INSTRUCTOR

Either position may be combined with that of Educational Director, depending on qualifications.

Also

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For details write:
DIRECTOR OF NURSING

SENSENBRENNER HOSPITAL

KAPUSKASING, ONT.

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A) Registered Nurses for General Duty. Salary range $310-$345 monthly.

B) Operating Room Nurse.

Salary range $325-$360 monthly.

Full welfare coverage, to work in modern, well equipped 50-bed hospital.

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KAPUSKASING, ONTARIO

APPLICATIONS ARE INVITED FOR THE POSITION OF

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at the 625-bed Barton Street unit of the

HAMILTON GENERAL HOSPITALS

The School of Nursing has a program of 2-years nursing education plus 1-yr. of internship, for approximately 300-students.

For further information apply to:

THE DIRECTOR OF HOSPITALS
HAMILTON GENERAL HOSPITALS
HAMILTON, ONTARIO

MATRON

required

for 35-bed hospital

in Altona, Manitoba

For further information write to:

F. E. DUECK, ALTONA DISTRICT HOSPITAL
BOX 330, ALTONA, MANITOBA.

Obstetrical Supervisor

for

40-bed unit in 250-bed General Hospital.

For further information, Apply to:

THE DIRECTOR OF NURSING,
SUDBURY MEMORIAL HOSPITAL,
SUDBURY, ONTARIO.

NEW MOUNT SINAI HOSPITAL

Toronto

Modern 400-bed Hospital

requires

REGISTERED NURSES

and

Certified Nursing Assistants

40-hour week - Pension plan

Good Salaries and Personnel Policies

Residence Facilities Available

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TORONTO

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires

Director of Nursing Education (1) by July, 1959. Qualifications — Bachelor of Science in Nursing Degree plus 3-5 years experience.

IMMEDIATELY

1. Qualified Clinical Instructresses. Medicine (1) and Surgery (3)
2. General Duty Nurses (10)
3. Practical Nurses (12)

Salary commensurate with preparation & experience.

Apply: Director of Nursing

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MOST REMARKABLE CLIMATE & ENVIRONMENT SUGGESTS

EMPLOYMENT FOR GRADUATE NURSES AT ITS NEW GENERAL HOSPITAL UNIT, 5-MIN. FROM THE PACIFIC OCEAN & 60-MIN. FROM THE GLAMOUR OF HOLLYWOOD & LOS ANGELES. AN ACCREDITED INSTITUTION WITH PREVAILING PAY & BENEFITS. HIGHEST PERSONNEL STANDARDS.

Inquire by night letter (not to exceed 50 words at our expense)

PERSONNEL DEPARTMENT, COUNTY OFFICES, VENTURA, CALIFORNIA

ONTARIO SOCIETY

For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH NURSES

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YOU WILL RECEIVE —

- GOOD SALARY RANGE
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- PENSION PLAN
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You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

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92 COLLEGE ST., TORONTO 2

2 QUALIFIED INSTRUCTORS

REQUIRED FOR 1959-60 TERM

Present Student enrollment, 75.

One class per year.
Registration September.

Affiliations — Pediatrics, Psychiatry, Tuberculosis.

New School & Residence.

200-bed General Hospital, fully accredited.

Pleasant City of 38,000.
3 Colleges

Good Salary & Personnel Policies.

Allowance for degree with experience.

For further information apply to

DIRECTOR OF NURSES,
GENERAL HOSPITAL, GUELPH, ONTARIO

NEWFOUNDLAND

DEPARTMENT OF HEALTH

GRADUATE NURSES

Applications are invited from qualified nurses for posts in the Department of Health as Staff Nurses for Cottage Hospitals.

Salary is $2,700 per annum with $528 deducted for maintenance. Uniforms & laundry services are provided. 24 working days vacation & sick leave with pay.

Applications with full particulars should be addressed to the Director of Nurses,

DEPARTMENT OF HEALTH
ST. JOHN'S, NEWFOUNDLAND

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, situated in the Niagara Peninsula.

For salary rates & personnel policies,

APPLY TO: DIRECTOR OF NURSING,
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PUBLIC HEALTH NURSES

required by
PORT ARTHUR & DISTRICT HEALTH UNIT
FOR GENERALIZED PROGRAM.

Basic salary $3,250 with allowance for experience. New salary schedule will take effect on the 1st of August 1959, & the basic salary will be $3,500 per annum. Pension plan, Ontario Hospital Services, accumulative sick leave, 4-wk. vacation & generous car allowance.

Apply to:

MISS H. M. LAMPSHIRE, SECRETARY-TREASURER,
PORT ARTHUR & DISTRICT HEALTH UNIT,
63 N. ALGOMA ST., PORT ARTHUR, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,
ESSONDALE, PROVINCE OF BRITISH COLUMBIA.

Salary: $324 - $389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA.
IMMEDIATELY. COMPETITION NO. 59:152

NURSING POSITIONS AVAILABLE

Starting salary $300-$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus $40-$30 per mo.; tuition aid for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

Write:

DIRECTOR OF NURSING,
LENOX HILL HOSPITAL
76th STREET & PARK AVENUE
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Residence, Cook County School of Nursing

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

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COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at $340-$372.50 for a 37½ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $250 to $290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

SOUTH PEEL HOSPITAL

COOKSVILLE, ONTARIO

(12 miles west of Toronto)

Hospital opened May 15th, 1958

I. Head Nurse with experience required at once, for medical ward (34-bed unit).

II. Head Nurse for Pediatric Ward (25-bed unit) by May 15th.

Generous benefits,
40-hour work week.

For further particulars apply:

DIRECTOR OF NURSING,
SOUTH PEEL HOSPITAL,
COOKSVILLE, ONTARIO.

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

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Victorian Order of Nurses
for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

SCIENCE INSTRUCTOR & NURSING ARTS INSTRUCTOR

REQUIRED

FOR THE SCHOOL OF NURSING, QUEEN ELIZABETH HOSPITAL OF MONTREAL. PERSONNEL POLICIES AS RECOMMENDED BY THE A.N.P.Q.

For information, please write to the

DIRECTOR OF NURSING,
QUEEN ELIZABETH HOSPITAL
OF MONTREAL,
2100 MARLOWE AVE.,
MONTREAL, QUEBEC.

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Enjoy Western Canada's climate and hospitality

General Staff Nurse applications are invited. 1500-bed Teaching Hospital — heart of British Columbia's medical centre. Attractive personnel policies. Salary $280-$336 per month. 5 day — 40 hour week.

Eligibility for registration in B.C. necessary. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, British Columbia.

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Positions in Medical & Surgical clinical areas will be available in September.

Salary range: $342.00-$410.00 40-hr. wk.

Upon application, a monthly differential of $25 is granted for approved postgraduate course at a university. For further information write to:

PERSONNEL DEPARTMENT,
VANCOUVER GENERAL HOSPITAL,
VANCOUVER 9, BRITISH COLUMBIA

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $255 monthly ($117.50 bi-weekly) if registered in Ontario, $235 monthly ($108.20 bi-weekly) until registered. Annual increment $10 monthly ($4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

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REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:

THE DIRECTOR OF NURSING

PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

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GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $255-$305 per mo. Certified Nursing Assistants $190-$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

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Differential of $10 for evening and night duty.
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Apply:

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